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ABSTRACT

This final report reviews activities and achievements of the "Let's Play!" project, an effort to apply assistive technology (AT) to promote the play skills of infants and toddlers with disabilities within their natural environments. The federally supported project was designed to assist county early intervention programs and developed, implemented, evaluated, and replicated a service model that focuses on the use of AT supports, loaned to families, to address family-stated play objectives on the Individualized Family Service Plan. During its 3 years of development and 2 years of replication, the project provided more than 2,300 AT/play services to over 400 families, replicated the model in nine New York county early intervention programs, and provided more than 60 training workshops. Unique features of the model include: (1) family direction; (2) the intervention focus on play; (3) selection of low-tech assistive technology; and (4) the lending library of toys and play adaptations. Individual sections of the report detail the project's goals and objectives, conceptual framework, model and participants, logistical problems, evaluation findings, impact, and future activities. Appendices include project forms and brochures, workshops and agendas, library inventory, and examples of promotion and dissemination projects. (Contains 53 references.) (DB)

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The Let's Play! Project

Final Report

United States Department of Education
Office of Special Education and Rehabilitative Services
Model Demonstration Projects for Young Children with Disabilities
CFDA: 84.024B

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Final Report: Let's Play! Project

II. ABSTRACT/PROJECT SUMMARY

Play is an integral part of the young child's life; it is the medium for early social and academic learning. Infants and toddlers with significant disabilities often do not have the skills, and are limited in their opportunities to play. While the need to find options that will promote play and development in this young population is apparent, innovative intervention ideas are slow to develop. The Let's Play! Project has worked to provide ideas and strategies in the use of Assistive Technology (AT) to promote the play skills of young children with disabilities, ages birth through two, within their natural environments.

The *Let's Play!* Project is designed to assist county Early Intervention Programs (EIP) to improve the quality of their services to infants and toddlers with disabilities and their families. More specifically, through project activities, a service model has been developed, implemented, evaluated and replicated that enhances the ability of babies with disabilities to play as independently as possible. This new service focuses on the use of AT supports, loaned to families, to help to address family-stated play outcomes on the IFSP. In Let's Play!, the keys are in promoting play through access to play materials, and using AT to give the children this critical access. Typical solutions revolve around "low tech" AT, broadly defined to include: adaptations to commercially available play materials making then easier to interact (activate or access) with; the use of primarily commercial positioning and mobility items that promote movement; communication devices, specialized toys and appropriate switches. The overall project goals are to give the child access to play materials, communication aids and a variety of play positions, and to work on what is important to the family.

During its three years of development and two years of replication activities, more than 2300 AT/Play services have been provided to over 400 families; thousands of AT items have been used by children and recycled to others; the model has been replicated in nine NY county Early Intervention Programs and more than 60 training workshops have been attended by 2500 EIP personnel, service providers and family members.

The goals and activities of the Let's Play! Project focused on the identification of components comprising an AT/Play service provided by trained personnel to meet the play outcomes of families; the integration of the service into the continuum of EI services; the

services' effectiveness in meeting IFSP outcomes; the development of regional networks on AT/Play service delivery; and local, regional, state and national training and technical assistance.

Target populations include Early Intervention service providers and administrators, child care workers, families of infants and toddlers with disabilities and the children themselves. These children experience physical, sensory and/or cognitive disabilities that interfere with their ability to interact with people and objects in their environments. Model development activities (Years 1-3) focused on ongoing play assessment, intervention and follow up processes; piloting and refining assessment and reporting procedures, and identifying items for the Play and Assistive Technology Lending Library. By the end of Year 3, an effective model was working, resulting in positive child and family outcomes. That model was successfully replicated in nine Western and Central New York counties.

The uniqueness of this model comes from five distinct yet interrelated strategies: 1) the assessment, choice of adaptations, and implementation of the play plan is family directed; 2) play is the focus of the intervention; 3) the selection of low-tech assistive technology is the critical intervention tool used in the facilitation of play and development; 4) these concepts are extended into natural environments 5) a Play & Assistive Technology Lending Library ensures that families have immediate access to appropriate toy and play adaptations.

The above components have been integrated into an Early Intervention Assistive Technology service. This AT/Play service is available to individual families with IFSPs who indicate a need for strategies to increase play opportunities. Several products are available through the project that support the acquisition of play outcomes in young children with disabilities; articles have been prepared to disseminate project information.

Let's Play! has made a positive difference in the lives of families with young children with disabilities by supporting developmental outcomes reached through play, the natural occupation of children.

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IV. GOALS AND OBJECTIVES OF THE PROJECT

General Goal: The Let's Play! Project's general goal is to expand the knowledge base concerning play and the appropriate use and benefits of AT and thereby enhance the probability that infants and toddlers with significant disabilities will expand their abilities to participate in community environments.

Operational Goal: To accomplish its general goal the project developed, implemented, evaluated and disseminated a high quality demonstration model, the *Let's Play!* service model. The model uses low-tech assistive technologies to enhance the ability of infants and toddlers with significant disabilities to play, interact and communicate as independently as possible. The model identifies successful ways for parents to play with their children through the use of AT applications. Specifically, the proposed model incorporates the following strategies through the project's goals and objectives:

- provides a family-directed program for the assessment, choice of adaptations and implementation of individual play plans
- supports personnel/parents to understand the importance of play and how to facilitate play for other parents and their children
- supports personnel/parents in the selection of low-tech AT as the critical intervention tool used to facilitate play
- extends these concepts beyond center-based programs into natural environments
- establishes a lending library which provides immediate access to assistive technologies to augment the play skills of young children with disabilities.

Objectives: The direction and structure needed to realize the project's goals are provided by the following principal and subordinate objectives:

Principal Objective 1.0 : By the end of the project's third year, the project will have developed an effective demonstration model using play as the venue for skill development, as described within this proposal.

1.1 By the project's sixth month, recruitment activities describing the project will have been defined, and carried out.

1.2 By the end of the first year of the project, major model components of family-directed assessment, toy selection for individual children and successful play strategies will have been defined, piloted and ready for use.

1.3 Inventories of commercial, adapted and specialized toys will be established, and toys and adaptive materials will be purchased and used in play interventions.

Principal Objective 2.0: By the end of the project's third year, at least 25 families will have participated in all aspects of the project.

2.1 Following the initial play assessment, participating families will report on the effectiveness of the play strategies with their child.

2.2 Between six and eight months after the initial play assessment, at least 75 per cent of the parents/caregivers will report an increase in independent play skills using the play materials and strategies identified through the project.

2.3 At least 75 per cent of the parents/caregivers will describe increased competence as a play partner for their child with significant disabilities.

Principal Objective 3.0: By the end of the third year, early intervention service coordinators in Erie and Niagara counties will report that they have incorporated AT into the IFSPs of infants and toddlers with significant disabilities.

3.1 Data will show an increase in the use of AT within Individual Service Family Plan objectives designed for families of children with significant disabilities

3.2 Data will show an increase in the independence and performance of infants and toddlers with significant disabilities that is associated with the use of low-tech AT devices.

3.3 At least 75 per cent of the participating service coordinators will describe the use of low-tech AT play interventions as meeting family needs.

Principal Objective 4.0: By the project's third year, the model, its findings and its products will have been developed and disseminated.

4.1 By the end of this period, all guidelines on play facilitation; toy selection and adaptations will be available for dissemination.

4.2 The mechanisms and inventories of the Play and Assistive Technology Lending Library will be identified and available for dissemination.

4.3 The Early Intervention Administrators and service coordinators, in counties outside of Erie and Niagara counties will be informed about the project's model, products, costs and benefits.

4.4 Presentations will be made at regional, state and national meetings. Papers will be submitted to appropriate professional journals.

4.5 Project materials and products will be submitted to national clearing houses and directories.

Principal Objective 5.0: Upon approval for Years 4 and 5, by the end of the fifth year, the model will have been replicated in other geographic regions of New York State.

5.1 Procedural Guides will be developed for all aspects of the project to support the replication training.

5.2 Criteria for replication will be established and replications sites will be identified to adopt the model and participate in evaluation.

5.3 Outcomes will parallel those of the original model.

Section VIII includes information on the results of activities designed to meet each of the above objectives.

V. CONCEPTUAL FRAMEWORK OF THE PROJECT

The 8-month-old plays peek-a-boo with his mother by placing a blanket over his face. She says, "Where's Tyler? Where did he go?" and he pulls the blanket from his face with a pleased grin. Mom says, "Oh, there he is!," tickles him and laughs. He covers his face again. The game is repeated over and over again until they are both laughing in anticipation of the hiding and finding... Four months later, Tyler crawls around the kitchen island, slowing as he approaches the corner. His mom's face appears suddenly and she says, "boo!" Tyler giggles and claps his hands. She moves out of sight, as Tyler moves quickly to catch up with her at the next corner... A year or so later, two-year-old Tyler is playing outside on the porch. He places a Big Bird toy on a chair and finds a towel. He places the towel over the toy's head, bends to peek under it and abruptly pulls it off, saying" Boo! Bird!" erupting with laughter.

Play and playfulness. The terms are difficult to define but easy to recognize. Children are playful when they are self-motivated, in control, free to suspend reality, and able to set and maintain a play frame (Bundy, 1997). Tyler in the vignette above would certainly be described as playful. He is clearly self motivated and in control of his play situations. He seems free to suspend reality Tyler pretends to be 'gone' in his game. Tyler also shows how, early on, playfulness involves being able to set and maintain the play frame as he takes over the peek-a-boo game from his mother and maintains it through several iterations.

As the main occupation of early childhood (Parham & Primeau, 1997), play provides the means for children to practice and master a repertoire of skills needed for later childhood and adult life (Piaget, 1962; Takata, 1971). The development of cognitive, language, motor, and social skills have all been linked to play (Robinson, 1977; Lewis, 1993; Whaley, 1990). In addition, there is an essence to just playing for the sake of play that is perceived as equally important to typical development (Pierce, 1997). Agreement abounds that play is the basic nature of young, typical, children.

Children with disabilities are at a distinct disadvantage when it comes to play. Mobility problems make it difficult, if not impossible, to play hide and seek; visual impairments impede an infants' ability to find and investigate the toys and food on a tray; cognitive disabilities limit the development of pretend play. In fact, any of these disabilities, physical, cognitive, and sensory, pose barriers to spontaneous engagement in play and playful activities (Lane & Mistrett, 1997). Overall, children with disabilities' play repertoires are reportedly more limited, play is more often passive and sedentary (Florey, 1971), and play occurs less frequently (Krawkow & Kopp, 1983; Li, 1981). Additionally, their play is more often solitary (Bergen, 1991; Jennings, Connors, & Stegman, 1988), social interaction is frequently delayed or distorted, and symbolic play is often significantly limited (Missiuna & Polluck, 1991; Bergen).

Children with disabilities often do not have the skills and/or opportunities to play in ways that even parallel those of their non-disabled peers (Mack, Lindquist & Parham, 1982). This "play deprivation" has been shown to negatively impact the development of physical, cognitive, communication and social skills required for learning (Lindquist, Mack & Parham, 1982; Missiuna & Pollock, 1991). Adding to this problem, parents of these children often do not feel they have permission to take the time to play as programs developed for children with significant disabilities often emphasize therapeutic interventions instead of play (Bergen, 1991).

Bradley (1985) suggests that, although toys and play have the potential to have a strong and positive impact on social and cognitive development, frustration can ensue when toys are too difficult to operate, such as they may be for children with disabilities. Toys can become an obstacle to learning rather then a facilitator of the process. Thus, a child's lack of interaction with toys and playmates, and his/her difficulty exerting control over the physical and social environment, can be detrimental to further development (Brinker & Lewis, 1982; Bradley, 1985).

It appears that the presence of a disability leads to a **mismatch** between an innate drive to play and be playful and a child's ability to play. We should find this mismatch disturbing; we certainly find barriers to the development of motor, language, sensory processing, and social skills of concern. While we readily engage a child in therapy and/or educational programs designed to remediate skill deficits, these programs are rarely play focused, or even playful in nature. They may contain moments of play but the overall emphasis is on skill development. Play and playful interactions become lost in the shuffle.

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In investigating strategies which can augment existing play abilities or compensate for limitations imposed by disabilities, assistive technology applications have been reported to extend the play repertoires and play interactivity of some infants and toddlers with disabilities (Behrman, 1984; Brinker & Lewis, 1982; Swinth, Anson & Deith,1993; Wright & Nomura, 1985; Lane & Mistrett, 1996). That is, the very early use of adaptive toys, switches, computers and powered mobility can be effective in forestalling the development of learned helplessness and learning deficits (Behrmann, & Lahm, 1984; Hanson & Hanline, 1985; Robinson,1986; VanTatenhove, 1987; Butler, 1988; Douglas, Teeson, & Ryan, 1988; Jones & Wilds, 1989; Langley, 1990; Kinsley & Lagone, 1995), and may lay the foundation for transition to the use of other needed adaptive devices (computers, augmentative communication devices) (Williams & Matesi, 1988; Wilds, 1989). In fact, AT may be the *only* means by which some children with significant disabilities can be engaged with a physically and socially responsive environment in that technology can put the environment within the reach of the child. AT makes it possible for the child to act on and receive a response from, the environment (Wilds, 1989). Thus, AT, which is included in the mandates of IDEA (1990 and 1997), appears to have the potential to extend the play abilities of very young children with significant disabilities.

The role of the family in the selection of the AT is critical to a successful experience. Family values, their perceptions of the child's abilities and behavior, toy preferences as well as other home life information, will greatly impact how and what is used (Armstrong & Jones, 1994; Parette & Hourcade, 1996.) As AT is implemented into the daily routines and activities of family life to support the interactions of children with disabilities, professionals need to promote and support family-centered outcomes with interventions that compliment each family's lifestyle.

VI. DESCRIPTION OF THE MODEL AND PARTICIPANTS

Let's Play! Model

The Let's Play! project has been developed to address this "mismatch" between an innate drive to play and a child's ability to play. The project's goals are to identify innovative ideas that make play accessible to children with disabilities, to enable children with disabilities to just play and be playful; and to enable families to enjoy the art of playing with their children. Working in concert with other services in Early Intervention Programs, an effective model has been developed, implemented, and evaluated. The model takes the form of an assistive technology/play (AT/Play) service (Figure 1), which enhances the ability of families to ensure that their infants and toddlers with disabilities play as interactively as possible, either alone or with others. The model emphasizes three foundational tenets:

1) **Play** is the focus of the intervention;
2) The assessment, choice of AT, and implementation of strategies is **family-centered**, and is carried out in the family's natural environments
3) The selection of **low-tech assistive technology** is the critical intervention tool used in the facilitation of play and development.

In 1995, at its original site at the University at Buffalo in New York State, the model began to identify methods that empower and strengthen families to foster optimal development of the child. The success of Let's Play! lies in promoting play through access to play materials and using AT to give the children this critical access. The project developed AT strategies to be used within components of an AT/Play service for Early Intervention; the service processes and procedures are clearly defined and have been replicated.

Typical AT solutions revolve around "low tech" AT, which is broadly defined to include assistive technologies which are "…designed or customized equipment, materials, product systems, or other items, whether available commercially or fabricated, which enable infants or toddlers with developmental delays or disabilities and their caregivers to achieve the functional or developmental goals contained in an IFSP" (IDEA, 1997). With the model's emphasis on reaching family play outcomes, we specifically refer to assistive technologies that support the creation of active play environments. These include adaptations to commercially available toys making them easier to activate or access. We also look for primarily commercially available positioning items that make it easier for the child to sit alone, or lay on his/her tummy or back to reach and manipulate toys. In addition, specially adapted toys and appropriate switches are used, making sure that accessible toys are available for all children.

Upon referral for the AT/Play service, the child's strengths and barriers to play are identified, and play outcomes established via a telephone interview. Parents and project personnel then work to identify potential AT solutions that capitalize on a child's strengths and address the barriers to play. During the service, families examine AT solutions and identify the "best" solutions for each outcome. Families keep the selected AT items for 4-6 weeks to use in their homes. Follow-up family contacts report on how well the AT solutions met each intended play outcome, and new outcomes are identified. Ongoing services are provided and AT items are recycled monthly to address the ever-changing needs of children growing through play.

Tapping into assistive technology and/or family support service dollars in Early Intervention Programs for assessment and intervention supports AT/Play services. The services include access to inventory from a Play & AT Lending Library that affords families *immediate access* to low-tech devices that support successful play experiences. During four years of service delivery, findings indicate that children develop through increased opportunities to play and families expressed pleasure with their children's ability to play.

Let's Play! is a proven model for Early Intervention Programs, and is most effective in refocusing professionals and parents on the importance play and supporting play with assistive technologies that result in gains for children. Supporting documentation includes the following:

- The Let's Play model demonstrates that AT can be used to help infants and toddlers with disabilities to enjoy interactive play experiences. These AT supports help to normalize the everyday routines of families.
- Project data show children are more playful, interact more, initiate play more often, and engage in increasingly higher levels of play. Children also are better players as a result of the AT/play services
- Data show families feel they have permission to play and to take ownership of the process. Further, families feel supported, ask for help as needed, share successes, and serve as resources for other parents. Parents incorporate play as a viable and important part of parent-child interaction; they generate their own strategies for playing with their child.
- Data indicate that Early Intervention service providers attend conferences, seminars, and workshops on play and invite AT/Play service providers to work jointly with them and families. Service providers are more aware of the validity of play as a tool to promote development.
- Early Intervention Programs demonstrate a renewed focus on the importance of play by incorporating AT/play services into existing service delivery systems. Services are increasing on IFSPs as more families request the services.
- Training curricula developed during the replication phase of Let's Play! promotes a partnered, problem-solving approach between the family and EI professionals in using AT to support play. Procedures and processes to replicate the service model have been successfully

implemented with families in other counties of New York State. Child and family data from replication sites yield similar results to the original site.

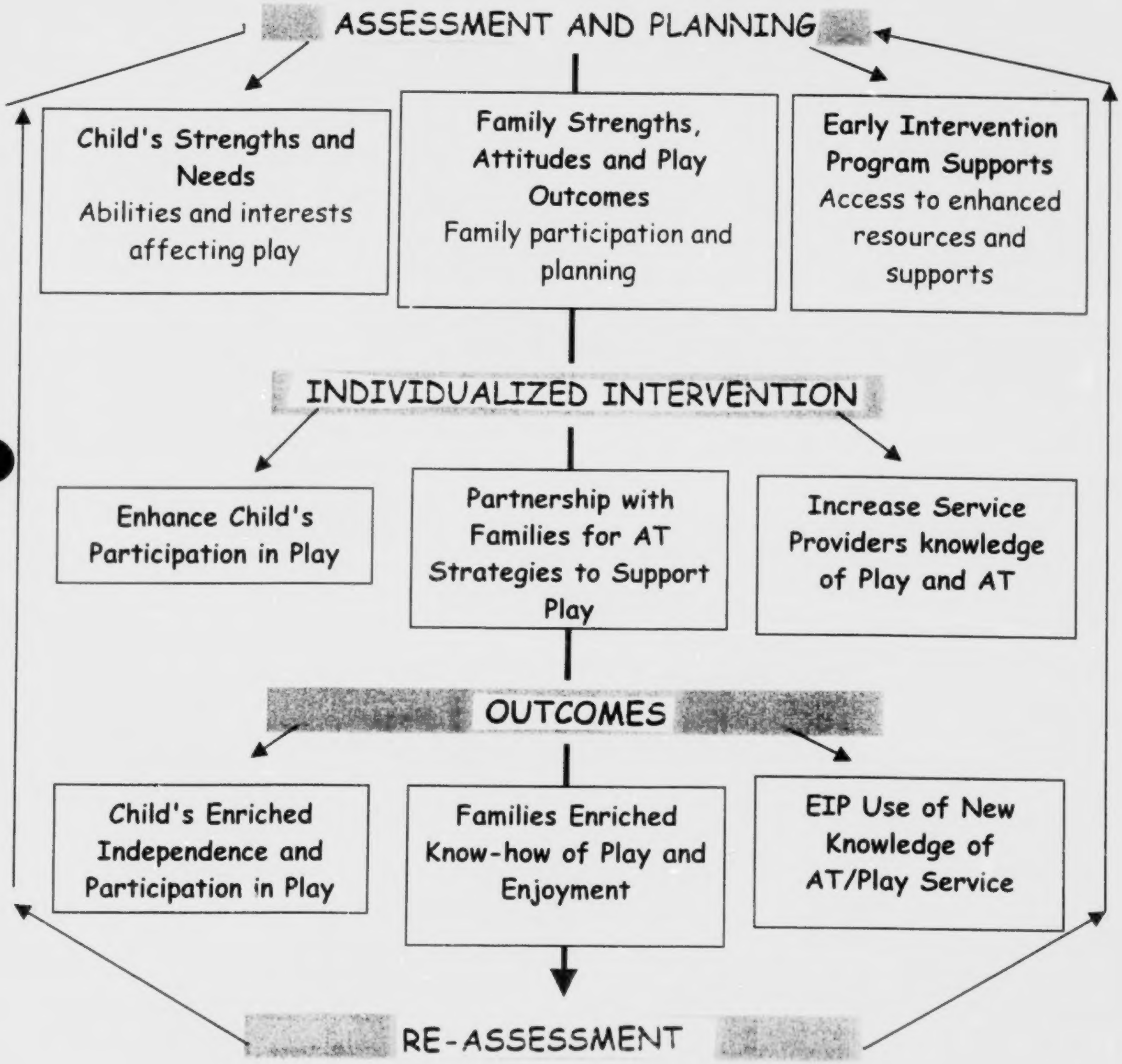
The project has a reliable record of model development that effectively addresses a previously over-looked need and identifies supports that give children a critical access to play. With this emphasis on the use of AT to support parent/child interactions in natural environments, EI providers and families are able to build on what the child *can* do and support ways in which play can be initiated, or more complex play developed. In designing interventions that address play needs, these strategies must be woven together. Implementation of a model such as this does require an understanding of the value of play and playfulness. This, in and of itself, may require an adjustment on the part of the early intervention provider and/or the family members, who up to this point focused their time and energy strictly on the attainment of developmental skills through exercises or practice. Allowing room in the intervention and home routines for times to 'just play' is the key to addressing the mismatch described above.

In developing a new service model to be included in the continuum of EI services in New York State, we responded to the dictate of the Early Intervention Program that included services that were:

- Family-centered in their approach; where family members and service providers worked together to share information and strategies that best assisted the child to maximize his/her development
- Provided in the child's natural environment; most typically in the family's home
- Provided by NYS approved EI service providers; AT services are included on the IFSP

Figure 1. Service Model

Let's Play! Project
Early Intervention AT/Play Service


ASSESSMENT AND PLANNING
Child's Strengths and Needs
Abilities and interests affecting play
Family Strengths, Attitudes and Play Outcomes
Family participation and planning
Early Intervention Program Supports
Access to enhanced resources and supports
INDIVIDUALIZED INTERVENTION
Enhance Child's Participation in Play
Partnership with Families for AT Strategies to Support Play
Increase Service Providers knowledge of Play and AT
OUTCOMES
Child's Enriched Independence and Participation in Play
Families Enriched Know-how of Play and Enjoyment
EIP Use of New Knowledge of AT/Play Service
RE-ASSESSMENT

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Assistive Technology/Play Services: The Process

EI professionals trained by the Let's Play! Staff are knowledgeable in the impact of play on development, strategies to encourage and extend natural play emergence and the use of AT to provide successful play opportunities. Known as AT/Play Liaisons, they provide the AT/Play services for families in EI programs. In identifying all of the components included in the AT/Play service, a group of replication site staff met and agreed that all of the following steps must be included to maintain the integrity of the service model:

1. Family indicates need for service as addressing a play outcome;
   - Service is described, AT/Play Liaison is identified; AT service is added to the IFSP
   - Service Coordinator contacts AT/Play Liaison.
2. AT/Play Liaison contacts family via phone interview
   - Background Play Information;
   - Play outcomes for family are identified
   - Time, date and place for first service is scheduled

During pre-assessment procedures, the child's needs, interests and play preferences are assessed along with the family's attitudes on play and the recent use of AT supports. Interventions and strategies that were currently most effective were examined. The family identifies specific play outcomes for their child.

3. AT/Play Liaison prepares for AT/Play session
   - Selects AT items from Play and AT Lending Library which may address each family stated play outcome
   - AT items are selected, loaned and readied for session
4. AT/Play Service takes place in environment chosen by family.
   - AT items are offered as they pertain to each play outcome
   - Family tries out AT items with AT/Play Liaison offering suggestions and strategies
     - family uses the AT device(s) to see how they work with their child
     - strategies on ways to use the AT to meet objectives are discussed
     - techniques for integrating the AT into family routines are identified
   - Families select AT items with most potential for success
   - AT items are left with the family in a "Play Bag"

- List of borrowed AT items is left with the family
- Family signs Borrower's Agreement**

During the assessment, AT options that may meet each outcome are tried out one at a time by the family to determine which solution may be best for the individual child. Project staff explain how each item may be used to meet the play outcome, and offer suggestions and strategies as the family members try it out with their child. They may model how the child or toy can be positioned and strategies to maximize interactions. Parents explore and discuss each option and then select those items perceived to have the most value for their child. By providing the family with choices they are able to investigate a wider variety of options that empower them to make better, informed decisions for their child. Care is taken to use existing household toys and objects to better support the family in their creation of playful solutions. If items need to be lowered so that the child can more successfully grasp them, this is pointed out and the parent connects the links until an item can be more easily reached. If a family does not see the benefit of certain items or see them as not meeting their child's needs, they won't be used. Respecting a family's ability to make these decisions is a critical component of family-centered services.The family uses the selected AT items that are borrowed from the Play and AT Lending Library for 4-6 weeks. In this way the child's opportunities to successfully play are increased and families apply strategies to give their child access to play, empowering them with supportive play solutions.

5. AT items borrowed for each visit are recorded in library database
6. AT/Play Liaison again contacts the family 4 weeks later
   - rate how well the AT solutions met their play outcomes
   - identify new play outcomes
   - time, date and place for next service is scheduled

This follow-up telephone interview is a critical part of the model process. It provides a time to discuss successes and changes with the family that focus on the play abilities of their child. Families report that this process emphasizes their role as primary interventionist and promotes an equal partnership with the project staff. During the interview, the AT/Play Liaison inquires to what extent (1-5 scale) each AT solution helped to meet the intended play outcome. This information is recorded on the follow-up form as well as other pertinent comments. New play outcomes are identified; the selection and loan process is then repeated.

7. Steps 3-5 are repeated in addressing the new play outcomes.
    - returned toys are inventoried, maintained and replaced if necessary by the Lending Library. They are then ready to be re-cycled.

At/Play Service: What It Is/Is Not

To further clarify the AT service and to reinforce that it goes well beyond simple "toy lending" activities and requires trained staff for its provision, we worked to define what this new service is and what it is not. Figure2 below clarifies this AT/Play service:

Figure 2. Assistive Technology/Play Service

WHAT IT IS	WHAT IT IS NOT
An Early Intervention service for families who indicate a need for help in increasing play options for their child/family • Service responds to family-stated *Play Outcomes* • Addresses what child likes and can do	An EI Service NOT focused on therapeutic outcomes. A remedial service.
An individualized family service • Included on the IFSP	A service which loans AT items to therapists, teachers or caregivers
A service that includes both the selection and loan of assistive technology materials provided by professionals experienced in the use of supportive strategies to guide families in attaining play outcomes.	A service that is just a library loan service. … just lending toys!
A distinct service provided by an AT/Play Liaison on a separate day from other service s/he may provide, which focuses on AT/Play supports (materials and strategies)	A distinct service when components of play are naturally integrated into therapy sessions.
A service where the family's presence is required.	A service provided to the IFSP team without a family member present.

As the re-authorization of IDEA in 1997 continues to support the use of AT in programs designed for children with disabilities, the regional consortium of Let's Play! Replication sites developed the following description of *When AT Should be Considered in Early Intervention Programs* and shared it with the lead EI agency in NY, the Department of Health.

Indicators of When AT Should Be Considered

AT as an intervention: AT is used to address meeting family-stated outcomes that increase the independence and /or the participation of a child with disabilities in daily activities within natural routines.

- AT should be considered throughout the child's development as an ongoing option.
- Any member of the IFSP team can raise the issue of AT consideration.
- More than one solution (strategy, modification, device) may be indicated.

Indicator Examples for Consideration of AT

- Is the child able to interact with toys and other objects in ways similar to peers?
- Is the child able to communicate effectively?
- Is the child able to sit independently? Stand? Walk? Change positions?
- Is the child able to feed herself independently?
- Is the child able to participate in creative activities with typical tools? I.e. crayons, markers, paintbrushes, etc. Are adaptations required?
- Is the child able to learn effectively? Or would technology enable them to learn?

AT is considered as an intervention when...

- the intervention(s) (strategy, modification or device) that addresses a particular family outcome has been tried and is not/no longer working
- a child appears to be "stuck" in their development or participation level
- a child indicates the need for supports in addition to current interventions. (How could the child be more independent?)
- a situational or environmental change occurs (i.e. entry into day care center).
- daily routines include more environments
- there is a there is a change in the child's needs/skills
- a new delay is discovered (i.e. speech)
- there is a change in the child's abilities
- there is a change in technology
- new technology is available

- simpler or more complex technology is indicated after initial technology use

Model Replication Efforts

In response to early family successes, increased professional interests, and new directions of EI Programs, the project began to replicate components of its model in 1996. In order to develop training curricula for the replication phase, the project staff began to unravel the "how-to's" of identifying, selecting, and using AT to address play needs. More importantly we looked at "how-to" guide and support families to use the AT materials to promote playfulness throughout the day. Through a series of training workshops project staff were able to build local capacity by training seven groups of EI professionals in five regional counties (Erie, Wyoming, Genesee, Niagara, and Orleans). The participants learned to replicate the model by providing services that specifically focused on family-stated *play outcomes* and to use AT to do so. Additional funding streams supported inventory for AT devices and materials housed in each Play & AT Lending Library.

Since initial replication efforts in 1996, the project has continued to replicate the model in other counties of NY. In 1998-99, two additional sites serving four counties brought the total number of sites with trained personnel to ten. Staff at the original site (which has been self-supporting since 1998) and those at the replication sites have provided well-received AT/play services in nine Western and Central NY counties. Figure 3 depicts the nine NY counties in Central and Western NY that participate in the Let's Play! Project.

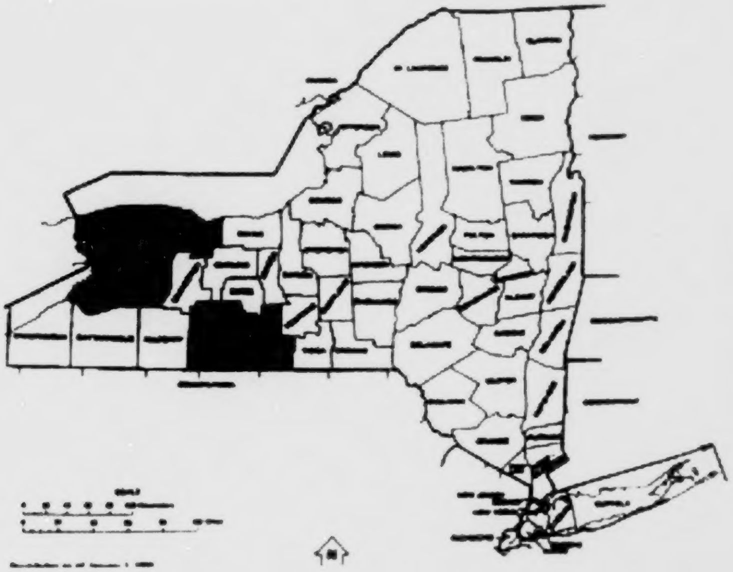

Figure 3. Replication Sites
Let's Play! Project
NYS Replication Counties

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The following activities are outcomes of the replication of AT/Play services:

- 406 families have requested and received EI services which focused on play outcomes.
- 2316 AT/Play services have been provided to these families.
- More than 11,267 AT supportive materials have been loaned and re-cycled to meet play outcomes.

Play/AT supports included in the Play & AT Lending Library contain items that when used with appropriate and creative strategies result in increased play outcomes for young children with disabilities:

- toys with design features that make them interesting & easy to use: **71% of loans**
- specialized toys (reactive toys, switches, switch toys, interfaces, etc.): **18% of loans**
- positioning and mobility supports: **8% of loans**
- communication aids: **3% of loans**

Replication activities have encompassed a broad range of activities and topics, customized to the growing needs of county sites. Training for all replications sites included two full day workshops, approximately one month apart. Let's Play! Model components and replication procedures were described, discussed and supported with tangible forms systematically used throughout the region. Workshop activities included role-playing exercises, toy and AT "matching" and case study problem solving. (See Appendix B for examples of training agendas.) Referral procedures were established within each county and were compatible with the individual county's ongoing procedures. We have supported all replication sites to achieve better AT service outcomes with additional training activities, resources and ongoing technical assistance. This close association with well-established sites has resulted in a regional network of AT/EI experts. AT/Play Services provided through the Replication sites are included on participating families IFSPs. Replication sites have all expressed intent to continue as the model project era ends.

Populations Served

Several groups have benefited from participation in the Let's Play Project:

- *Infants and Toddlers with Disabilities:* Children with disabilities who experience significant physical, sensory and/or cognitive disabilities that interfere with their ability to interact with objects and people in their environments are out primary target. These children have been most positively impacted, as they are better able to initiate and sustain play on a more equal level with their peers and siblings. With AT supports, children are able to explore their environment and interact more independently. By understanding their impact on change, children develop self-esteem and an attitude of "I can do it!"

- *Families with Children with Disabilities:* Families report that children are better players when given materials that they can successfully interact with. Adapted play materials offer interactive opportunities that can be easily changed to meet the ever-changing interests of children.
- *Early Intervention Professionals:* These individuals are charged with designing individualized plans that meet specific family needs. By considering both high and low applications of AT, they can examine ways that children can participate in play activities more independently. This new information is shared throughout the Early Intervention community, impacting the service delivery of occupational, speech and physical therapists as well as early special educators and other related service personnel.
- *Early Intervention Administrators:* The individuals who manage county Early Intervention Programs are responsible for providing quality programs to infants and toddlers with disabilities. By recognizing the power of play on development of all children, supporting it as an appropriate outcome, and promoting the use of assistive technology as an intervention, they meet the needs of their participating families.
- *Child Care Workers:* These Early Childhood professionals are including increasing numbers of children with disabilities in community childcare programs. They have requested project information on how to provide a safe and interactive environment where every child can develop to the best of his ability.

VII. LOGISTICAL PROBLEMS

There were no unanticipated problems that needed specific resolution pertaining to the Let's Play! Project.

VIII. EVALUATION FINDINGS

Model Findings

In delivering services that support play for the past five years, project staff has identified several consistent, observable outcomes that resulted from the described service model. Although the data sources were anecdotal recordings of observations, team discussions and parent conversations, these outcomes may provide a hypothesis for further research studies. We address them first as they reflect the success of what we set out to do six years ago. Since then the model has evolved and been embraced well beyond our anticipated outcomes.

Original Family Centered Model Outcomes:

- To assist families to reclaim role of parent as play partner/facilitator
- To support families in recognizing the value of play
- To ensure that family-stated outcomes drive play sessions

What we have found:

- The role of the caregiver during play is critical to successful interactions; this may be understated in the existing literature as a necessary component of successful play activities for children with disabilities.
- Parents/caregivers play a variety of roles in their interactions with the child. They act as nurturer, teacher, comforter, nutritionist and leader. In play activities they enjoy the roles of play facilitator, modeler, partner, and director. They know the child best- her interests, abilities and preferences- and must be involved in all aspects of her life, including all interventions to support continuing development.
- Participating families need to be "ready" to focus on the play needs of their child. If the child is in medical crisis, they will not see play as a desired outcome.
- Families need to feel an equal partnering with provider staff. With services provided in the natural environment, primarily the family's home (95%), their role as *co-interventionists* becomes more practical.
- Specific verbal behaviors are associated with family-centered service delivery. Equal partnering indicates equal numbers of questions, responses and shared information between the family and service providers.
- Project survey results indicate services increased family play and increased families perceived abilities and comfort in playing with their children
- Families often seek direct services for 6-12 months and then contact project for consultation/advice

Original Play focused Outcomes:

- To focus on what the child *can* do; what s/he likes
- To assist parents to identify family play goals
- To strengthen family's ability to effectively interact with child
- To help parents with toy selection, child and toy set up, and play strategies

What we have found:

- All children need to play; and must be expected to play. The benefits of play impact all areas of development, interaction and personal self-esteem; skills critical for success in life.
- Children perform optimally when playing. Parents and therapists often state "I didn't know she could do that!" when playing with the child. Viewing play as a therapeutic modality may be underutilized.
- Some kids need to be "ready" for play. They must feel safe, secure and comfortable (free from pain, hunger, sleepiness, etc.) in order to be aware of their surroundings and interested in actively exploring what is there.
- When kids' play is supported (accessible materials, well- positioned, play partnered) they are more interactive, initiate more, are more playful. Parents of significantly involved children will comment that they child is "really enjoying that toy" by reading facial expressions and body gestures.
- Most often, the best play opportunities involve the whole family and are spontaneous in nature. Play can happen anytime- in any routine or activity of the day.
- Kids with disabilities frequently don't get to pretend play. When relying on adults to prove play materials or create a play environment, functional play is more frequently encouraged (i.e. pegs, shapes sorters, puzzles, block building, etc) Pretending integrates cognition, language, motor and emotional skills and must be encouraged with opportunities (materials, scenarios) presented.
- These family-stated play outcomes address immediate needs or preferences. In analyzing play outcomes, we have found that for the most part, they can be categorized into one of five primary categories.

1) The child's ability to play independently is the most frequently stated outcome. This desire is reflected through statements such as "If I'm not with her all the time, she just sits and watches" or "she has trouble playing with toys as she can't hold (or see, get to, use manipulate) them." In a related sense, families are often very specific in how this independence can be supported: "We need play materials that s/he can use with both hands", or "that are easy to use". Other families are looking for specialized play solutions that result in immediate reactions to minimal input, such as access to highly reactive toys.
2) As families are best at knowing what their child likes, we often look for play materials with specific sensory characteristics. This is in response to outcomes such as: "She likes to play with toys that vibrate"; "He needs toys with different textures"; or " we need toys that are colorful that she can hold on to". Solutions can result in providing a wider variety of materials with like characteristics. Children can be encouraged to explore toys that are more appealing to them, that are novel, or that are more noticeable because of their sensory characteristics.
3) Because play is how children develop, some families want outcomes that lead to a specific play skill. These cognitive outcomes include: "I want him to understand cause and effect"; or "She needs puzzles she can put together".
4) Families also define outcomes that will give their child a wider variety of play options. These often include positioning and mobility supports. For example, if a child is unable to change position or get to toys because of sensory, physical or cognitive limitations, AT positioning supports may be indicated. Family statements include: "She can't see or do much from lying on her back; if she could sit up she could play more". In this case we look for positioning supports as well as play materials and strategies to use while in differing positions.
5) The last grouping of outcomes focus on the child playing with others. Families express a need for shared play opportunities - activities that the child can successfully participate in with others. We look for AT solutions and strategies for increasing play with brothers and sisters, parents and friends. Frequently, communication devices can assist with turn taking, pretending, and initiating play.

By addressing these ongoing play outcomes, we work with families to point out progress in skill development and also to help identify most successful (enjoyable, interactive) play strategies for their child. In addition, we are collecting a wealth of information on the progression and sequence of play skill development in young children with disabilities, when supported with AT.

Original Assistive Technology Outcomes:

- To provides a wide inventory of AT items
- To identify ways to adapt commercial toys when possible
- To assist families in selection and use of items
- To share information on successful "matches"

What we have found:

- Many of the families we worked with were not ready to look at alternative systems or anything that made their child seem different. Our job became more of a bridge to gently educate them in trying alternatives so that they would be familiar with a range of choices for their child. It is very important to remember that many of these families have not yet come to understand/accept their child's delays or different abilities which affect their willingness to try alternatives. We must be sensitive to a family's need for understanding/acceptance as we prepare them for whatever may lie ahead.
- Families with very young children with disabilities often select low-tech options rather than high for several reasons.
  - Many off-the-shelf positioning items such as infant seats, booster chairs, car seats, side lyers can be used and easily adapted for a customized fit. Universal design features embedded in these items make them usable for a wide range of child abilities. For example, a popular infant sling seat, holds a child comfortably with adequate head support in a semi-reclined position. A rolled blanket or commercial infant head support (NoJo) placed around the child's head is all that is needed to maintain midline head position. The optional vibratory feature is enjoyed by many children but may act as a sensory soother to a baby with some neurological disorders. By sharing simple adaptive strategies for maintaining appropriate positions with families, we act to empower them to care for their child's basic needs.

- The same may be true with interactive materials. Toy features now include multi-sensory feedback with easy to push buttons- options that used to be found only in specialized catalogs. With an increase in electronic options, opportunities for independent play and interaction are enhanced throughout the day. Many of these materials can be further adapted for independent use with materials such as switch adapters, Velcro for stabilizing, links to lower objects closer to the child and clay material for built up handles. Adapting what all children use helps to minimize the stigma of disability and promote the abilities of the child.
- Families need choices that fit into their busy lives. Although a child may require a highly customizable seating system for daily meals and play, a second option may include a foldable seat that secures with a clamp to any table for when the family takes public transportation to a restaurant or grandma's house. Rolled towels and non-slip material on the seat can provide an adequate portable temporary seating system. A single solution may not be adequate for the myriad of uses during the natural routines of the day
- Because all children use tools to promote and extend movement and interact with materials, families soon learn to apply which low-tech adaptations their child generally needs. However, communication supports are not as readily used by children without disabilities and require the ongoing assistance of a trained professional. How language develops and strategies to promote communication often require extensive knowledge and training. The use of tools such as story vests, eye gaze frames and recordable devices are not readily available in the public marketplace and may therefore be viewed as customizable, complex high-tech devices out of the natural knowledge range of families.
- When the significant cost factors of high-tech programmable devices are added, the devices take on more specialized appearance. Devices with more options (numbers of programmable areas, scanning features, sequencing symbols and active matrix screens) demand a higher cost due to advanced technological design and training costs rise accordingly. These devices require an evaluation and recommendation of a professional and may take months to order and program. Because the professional is an integral part of these communication systems, research has tended to focus on high-tech applications requiring specialized resources and training. Very often, the family who uses a variety of

low-tech solutions may not be aware that they are customized for their child as they "fit in" so well to activities of daily life.

- AT items that support play do so within three areas: interaction with materials in the different events of the day; movement (positioning and mobility) within the events; and communication supports
- AT items should be tried out one at a time by the family with the child with a particular outcome in mind. It is their determination of appropriateness that will result in the device being used or not.

We agree with B. Todis and colleagues (1997) in their identification of best practice factors for use of AT in educational settings. We feel they also apply to the natural environments of infants and toddlers and have modified them to reflect this.

AT is most successful when:

- Family lifestyle is considered
- AT use is tied directly to child/family outcomes
- Family examines AT options one at a time and uses them with child
- Family and professionals discuss and try out strategies for use of AT in play
- Family selects most "useable" selection(s) to try out
- Family determines how well AT helped to meet each outcome- they establish the "criteria" for success
- Family reports on strategies, modifications for "best" use of AT as child's needs change. AT is changed/modified as family/child needs/interests change
- Team discussions occur on how to use the AT in a variety of activities/ settings
- Communication is frequent and honest

In the following section, we will report on how project activities were carried out that allowed us to meet and exceed all goals and objectives described in Section IV.

Principal Objective 1.0

By the end of the project's third year, the project will have developed an effective demonstration model using play as the venue for skill development, as described within this report.

Activities/Accomplishments:

Upon initiation of the project in June 1995, the Let's Play! Project primarily focused on the successful development and implementation of the proposed model. Initial activities that addressed this objective were reported in performance reports and included recruitment, identifying model procedures and the development of forms. This was followed by implementation of the model itself. The aforementioned subordinate objectives have been met and exceeded as the project has been and is continuing to deliver AT/Play services at the original site in the outlined format for five years. The model has been successfully replicated in nine counties of New York State.

The following activities have been employed to address principal objective 1.0 and subordinate objectives 1.1, 1.2, and 1.3:

Promote awareness of the model

All related materials can be found in Appendix A or in previous Performance Reports provided to the US Department of Education for each year of the project.

- The project was featured in several news media presentations. In each instance the media emphasized the close rapport of the Let's Play! Staff with the families and the successful impact on the growth and development of their children. Media releases included:
  - The Reporter--a weekly publication at the University of Buffalo
  - The Buffalo Evening News daily newspaper
  - National Public Radio local broadcast

- Websites providing information on play and/or children with disabilities have promoted awareness of the project through descriptions and links on various sites. The Let's Play! Project's website has provided these linkages. Appendix D includes examples of such promotions.

- Through a collaborative effort of project staff and the three Erie County replication sites a brochure describing the AT/Play services was created (Appendix A). The brochure continues to be disseminated to county officials, service coordinators, service providers and families.

- Outreach efforts with related service personnel (occupational therapists, physical therapists, special educators, regular educators, speech/language pathologists, vision specialists, etc.) have been accomplished throughout the distribution of a letter of introduction. A letter explaining the Let's Play! Project mission and service is given to each of the other IFSP service providers working with families involved in the project at the original site.

- Collaboration with related service personnel has increased. Throughout the duration of the project, an increasing number of collaborative play sessions occurred where project staff collaborated with other members of a participating family's IFSP team. This increase in the number of co-visits with other EI providers has helped to promote the importance of play and the role of AT in meeting family outcomes.

- An AT Workgroup that includes Erie County replication sites, has been co-chaired by the Erie County EI Official and the Let's Play! Project Director, Susan Mistrett. This group works to ensure responsive service delivery of AT supports and services as well as defines procedures for the integration of AT devices and services onto the IFSP. Steps to ensure the continuation of services beyond the length of the project are also a focus of the workgroup.

- A videotape, which depicts several toy-lending programs in the Western New York community, has been produced through a collaborative effort with staff from the original and seven replication sites of the five counties of Western New York. The videotape is entitled "The Gift of Play" and features photos of children and family members who have participated in these programs. The videotape is used at local and national conferences/ presentations to increase project awareness. In 1998 a copy of the videotape was disseminated to the NYS DOH, its commissioner and the Bureau of Child and Adolescent Health to increase awareness and to request clarification on state policy on AT service in EI. The videotape is included in this report as well as the NYS policy on the use of AT with young children with disabilities (Appendix D).

Project Components

All related materials can be found in Appendix A or in previous Performance Reports provided to the US Department of Education for each year of the project.

- All processes and forms have been piloted, implemented and refined. For example, the Family Background form has been revised to more efficiently gain information on family priorities and concerns as well as information on the child's current abilities and interests.
- The AT Borrowed form is used to meet a variety of project needs. It was developed to record information of identified family stated outcomes, the AT materials the family has selected to borrow and the inventory number associated with each item. It has been consolidated to one page and has been reproduced on a triplicate, making paperwork more efficient. It also allows the family and the provider to have a record of the service session. The AT Borrowed form is used for the following:
  - To document items loaned, family outcomes and progress toward outcomes.
  - To gather data as families' rate the effectiveness of the AT item in meeting family stated play outcomes. A five point Likert-type scale as well as a "comment" section is employed as a means rating how each of the items worked in meeting a particular play outcome.
- Data is collected on a regular basis at all replication sites in a uniform manner and is reported in different ways:
  - A Quarterly Report is completed and submitted to the Let's Play! Project staff that indicates the number of families receiving services; the number of new families entering the program during that quarter; the types of AT loaned and current informational needs the site may have.
  - The AT Borrowed form which indicates the play outcome that the AT will support; the AT selected by the family to meet this outcome; how the family ranks its effectiveness and other comments is produced in a triplicate format. A copy of each completed form is forwarded to the Let's Play! Staff and provides a record of play outcomes and related AT. This helps us to review the ongoing service process and to ensure that a family-centered service that is play focused is maintained.

- Each trained service provider maintains her own caseload of families. However, a transdisciplinary environment is maintained as bimonthly team meetings with all project staff are held to discuss the progress of individual families. Staff also attend IFSP meetings and perform joint sessions with professionals representing multiple disciplines.

Play and Assistive Technology Lending Library

A critical component of the model is the AT/Play inventory items available through the Lending Library. Per federal definition (IDEA, 1997) Assistive Technology devices and services in early intervention programs can be used to " to increase, maintain, or improve the functional capabilities of children with disabilities." Thus, the use of AT to improve play outcomes is examined as it relates to the needs of young children and their families. Although a range of AT items is available, we have found that families in early intervention programs prefer "low-tech" solutions, as they are readily available, inexpensive, easy to use and offer a wide range of options. The Let's Play! Project continues to stock a broad inventory of devices, equipment, aids, and adaptive materials in the lending library component. The inventory includes commercial and specialized play items that are purchased from local stores and from specialized catalog vendors.

Several categories of AT can be found in the library that can be used in combination to create interactive play environments unique to each family's needs. See Appendix C for a complete listing of library inventory items The following are six AT categories used with examples of low-tech applications:

Adapted commercial toys. We look to commercial, off-the-shelf, play materials in order to empower families to identify, select and try out items that their child can use. Families have reported that "My other kids just played; I don't know what Michael should be doing"; or "When I go to Toys 'R Us, all I see are toys Sandy can't play with- how do I know what will work?" EI providers can begin by encouraging families to identify the types of commercial toy features that appeal to their child and then suggest ways to adapt such toys to make them easier to use. Adaptive materials can help to highlight, extend, attach, stabilize or confine toys to promote increased interactions. "Highlighters" (outlines, emphasizing materials, etc.) assist in focusing a child's attention to how a toy is used. "Attachers" (links, shoelaces, elastic, ribbon) bring a toy within reach and allow the child to retrieve it. "Extenders" (foam, molded plastic) may help children press too-small buttons or keys. "Stabilizers" (Velcro, non-slip material) can hold a jack-in-the-box in place or connect a communication device to a crib. "Confinement" materials (planter bases, box tops, hula hoops) help to keep toys from getting out of the child's reach or visual field.

AT Positioning Items. Some children with disabilities may have difficulty changing and maintaining different positions when they play. The positions that a child can use greatly impact the level and quality of play. A child who at 16 months old is unable to sit independently, typically lying on her back, is limited in how she can participate in activities. Gravity makes it challenging to bring her hands together to play and her visual gaze of the world is limited to what is hanging above. By being supported in a sitting position, she can watch her hands interact with toys, and can more readily engage in a wider variety of family routines. A range of AT supports and play strategies are available to help children in semi-reclined (sling seat, Boppys) , side-lying (towels, E-Z lyers), prone (wedges, towels), kneeling (floor tables, stairs), sitting (Boppys, corner chairs, Sassy Seats) and standing (Exersaucer) positions. Families report that such low-tech positioning devices often better meet an active family's needs by providing options that are easy to transport, can be used in more than one environment and support more than one position.

Mobility Items. Other children may need assistance in moving to explore their environments, a critical component of play. AT devices exist that encourage and support children to move. Many families express the concern that they are not "ready" for specialized equipment for their young children; they prefer to use items that appear less adaptive. For example, well-designed commercial "walkers" such as shopping carts and activity centers on wheels that the child stands behind and pushes can provide adequate support for many children. For others such toys can be adapted with weights to make them more stable, can have Velcro applied around the wheels, which on low carpets will adhere and slow the walker down. Being certain that the Early Intervention team agrees that such adaptations are safe, given the skills and needs of the child, allows the use of such commercially available options.

Low rocking and riding toys can also provide options for children to experience movements in supportive positions. Easy-to-use climbing and sliding equipment for toddlers and other items such as well-designed swings for backyard play can be found in local stores with features that enhance independence. By pointing out certain design features to look for, families are assisted in selecting commercial items that can meet their child's needs.

Switches, adapted battery-operated toys and interfaces. These specialized AT items make it possible for children to turn a toy on and off with a movement of a body part against a switch. A variety of switches are available which meet the unique abilities and interactive needs of children. By employing special interfaces such as battery adapters, timers, latch devices and series adapters, EI providers can assist families in identifying ways that a child can develop and extend cause/effect relationships and play cooperatively with brothers and sisters. When adapting toys to be used with a switch, a family can be given a single battery-operated toy and a *battery adapter*. EI providers can show family members how to insert the adapter to modify the toy for switch use. With this know-how families can adapt any battery operated item, and often report that the child has begun using a switch to activate several additional toys and household items.

Computer Hardware & Software. AT also includes adapted computer peripherals and appropriate software for families interested in computer activities for their children. In supporting families to use available resources, software programs can be suggested and websites identified for families with Internet connections. Families can download toddler software programs to review for their children to use. CD-ROM's are available that can be used by both Macintosh and Windows platforms; many of these commercial programs can be easily adapted or used by all children. A single switch connection (which reduces computer control to a single key) or the use of a touch window (where the child simply presses any place on the screen to operate the computer) are often the most appropriate input devices for this population.

Communication AT Items. Devices that use recorded messages to incorporate language into play and other daily activities provide a way for a child to use a voice to communicate. Devices that offer single or multiple message choices are available. Used with photos and full-color or line drawings they help the child to select what s/he wants to say. Some communication devices (One-Step, Say It/Play It and Cheaptalk) can act as a switch interface to include a message that is heard when a toy is activated. This strategy can be used to enhance opportunities for pretend play for young children with disabilities.

Project Database

The project records and tracks a variety of project activities through the use of a database. This interrelated database system includes information on:

- Erie Billing
- Data Goals
- Vendors
- Books
- Computer Hardware
- Positioning Devices
- Toy Inventory
- Software
- Switches/Adaptations
- Children
- Loan
- Visits
- Parent Surveys

By recording data in this way, information can be retrieved, compared, contrasted and analyzed effectively. Reports are generated as needed.

Principal Objective 2.0

By the end of the project's third year, at least 25 families will have participated in all aspects of the project.

Activities/Accomplishments:

The aforementioned principal objective and subordinate objectives have been met and exceeded for all reporting periods. Data continues to be collected at the original site as well as at the majority of Replication sites.

Outcomes of the Let's Play! Model

In designing an evaluation plan for the project, we identified four outcome areas and measurement procedures that are outlined along with project findings in tables associated with each area described below. Assistance with the design of the plan was provided by NEC*TAS staff in Year 1 of the project. The narrative following each table will provide additional information as needed. For complete detail of the development process, please refer to Performance Reports during Years 1-4 of the project. Highlights of project activities are presented here. We will first outline the anticipated and realized outcomes and then explore data sources that support our findings.

- **Anticipated Child Outcomes:** "With AT supports children will become better players."

  Realized outcome: Data show children are more playful, interact more, initiate play more often, and engage in increasingly higher levels of play.

- **Anticipated Family outcomes:** "Reincorporate play as a viable and important part of parent-child interaction; to generate own strategies for playing with their child"

  Realized outcomes: Data show that families felt they again had permission to play; to take ownership of the process; they feel supported, ask for help as needed, share successes, and serve as resource for other parents

- **Anticipated Service Provider Outcomes**: "More aware of validity of play as a tool to promote development"

  Realized outcomes: Data indicate well-attended conferences, seminars, and workshops on play; invited AT/Play service providers to work jointly with them and the family

1. *Child Outcome Measurements/Findings*

The ultimate benefactors of our play intervention were, of course, the children. We regularly observed the developmental play progress of the children as we worked with their families to provide play items requiring differing levels of skill development. In April, 1996, Erie County agreed to reimburse the AT/Play service at the established EI rate. Since that time, the original site at the UB/ Center for Assistive Technology has provided **678** AT/Play services to a total of **105 families**. Although we keep general family demographic data and visit frequency counts on all families served through project activities at the original and replication sites, the data resulting from the Let's Play! Project at the original site yields a more comprehensive picture.

- Since the Let's Play! Project is the only EI service provider authorized to provide AT supplemental evaluations in Erie County, of the 11 children seen for only AT supplemental evaluations with no follow-up services, over 50% were older than 30 months, getting ready to transition to CPSE. The other 5 children were referred to other libraries.
- The average number of play sessions per family was **6** with 2 families receiving more than 20 services. Families can receive the services anytime within the Early Intervention eligibility period; some choose to stay until their child ages into the preschool program and others stay until they feel comfortable in setting up play environments for their children. This information indicates that Play/AT services may tend to empower families in a relatively short/brief period of time. The Let's Play! model continues to provide support to families as they move onto other situations, i.e. selecting day care, preschool and kindergarten placements.
- The average age of a child is 15 months when AT/Play services are requested.
- Of the families participating in the Let's Play! Project at UB/CAT, on the average, borrowed 4.7 assistive technology items as a result of each AT/Play service.

Similar data are collected through quarterly reports submitted by each Replication site. (See Appendix A for a copy of the Quarterly Report form.) The data is entered into the Let's Play! database in order to identify the number of new families served by each replication site each year, their number of play sessions, and the type of AT loaned at each play session, etc.

Total number of AT/Play Visits provided at all sites: 2316

Total number of Participating Families at all Sites: 406

As a result of our replication/training activities in nine counties, we have been responsible for serving an additional:

- **301 families with children with disabilities**
- **1638 Play Sessions**

We are also able to provide technical assistance and further trainings as requested on the forms.

Table 1 AT/Play Services Provided to Families in Early Intervention Programs

	Original site	**Replication Level II site**			**Replication Level I site**
	Let's Play!	**Erie-CCC**	**Niagara**	**Wyoming**	**Corning Site**
Years I, II and III # of AT/Play services	**210**	**310**	**152**	**133**	**N/A**
Years I, II and III # of new families	53	50	33	26	N/A
Year IV # of AT/Play services	**190**	**237**	**180**	**136**	**10**
Year IV # of new families	24	48	14	39	8
Year V # of AT/Play services	**288**	**246**	**120**	**98**	**16**
Year V # of new families	28	34	11	28	10

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Numbers are not yet in for the Monroe County replication site. They follow the same pattern in Year 1 as the other replication sites did in their first year. It takes a while to identify and purchase inventory, advertise and promote the services, collaborate with service coordinators and begin to provide and refine the service delivery process.

Parent Reports

The use of Parent Reports to collect data is utilized extensively throughout the project. A unique feature of this model was the intensity of parent/ professional interactions beyond the scheduled play sessions. To measure the project's impact on the children's play interactions and attitudes of families, we developed a *Family Satisfaction Survey* (see Appendix A) that is designed to reflect the family's play interaction skills and their satisfaction with the family-centered interactions of the project staff. The survey offers statements about the project to which the family is asked to respond by indicating 1 – 5 on a Likert-type scale. The family is asked to assess the project by offering their level of agreement (1- low to 5- high) with each of 8 statements. The statements were designed to gather information on a) the satisfaction with the inventory, b) the satisfaction with the strategies and support provided by project staff, c) the effectiveness of the project in improving their child's independent play skills d) the effectiveness of the project in enhancing family play opportunities and e) the project benefit in increasing families competence as play partners and active team members. Tables accompany each section that outline each objective, related activities and evaluation methodology used. Data results are then described for each outcome. Table 2 below describes Child Outcomes that reflect Objective 2.2: the project will result in increased child play skills.

Table 2. Child Outcomes

Outcomes	Measurement	Findings/Results
2. To enhance play opportunities for infants/ toddlers with disabilities Outcomes reflect Objective 2.2: to increase child play skills.	**1. Parent Reports** ▪ Follow-up play session interviews ▪ Items on Satisfaction Survey (1, 2)	**1. Families report changes in play; continued use of loan system** ▪ Satisfaction Survey results are positive on increased child play skills
Children will:	**2. Testing Instruments** ▪ Bundy's Test of	**2. Two studies used play**

▪ increase developmental gains/outcomes ▪ play more interactively ▪ develop higher play skills ▪ participate more frequently in play activities	Playfulness (TOP) ▪ Bundy's Test of Environmental Supportiveness (TOES) ▪ Adapted Belsky & Most's play checklist	**session videotapes to find** ▪ an increase in child play skills within sequential play sessions with AT interventions ▪ that children were more playful in their interactions with play materials and play partners **3. Articles summarizing results submitted to professional journals.**

Table 4 (p. 43) illustrates Child Outcomes as reported by participating family members in completing the Satisfaction Surveys. Specifically, items numbered 1 and 2 were analyzed as pertaining to child outcomes with mean scores showing a high rating of 4.6 and 4.88 respectively.

Coding and Analyzing Child Outcome Data: Summary of Research for "Let's Play!" for June, 1999- June, 2000

Previous Performance Reports illustrate the project history of data collection and analysis on the impact of AT on the developmental outcomes of young children with disabilities participating in the project. Two avenues of determining outcomes have been pursued since our last report. First, we became concerned with the resistance we have encountered in incorporating the developing model of Play and AT into other Early Intervention programs, outside the Western New York area. Although we had preliminary documentation that children enrolled in this program demonstrated playfulness, and we were able to document parental satisfaction with the program, the intervention, and the outcomes, we were met with obstacles to integrating the model into other systems. Looking toward providing outreach we felt we needed to look more closely at this issue. Concerns expressed included an inability to fund services that focused on play and a sense that play was already being included in EI programs and as such no specific focus, such as that provided in this model, was necessary. Anecdotal information suggested that at least the latter of these two concerns was not true; play for the sake of play (rather than play as a motivator, reward for good effort, etc.) was not an integral component of EI programs. The focus was on skill and developmental gains. Because of this our first area of study involved the development of two research studies to provide us with a better understanding of the *value* placed on play by the various constituent groups. Our second area of study focused again on playfulness in children in the project. In this study we expanded on our earlier work, grouping children into two general disability groups for study.

Is Play Valued?

Our initial investigation into the value placed on play focused on occupational therapists (OT) and involved a descriptive study that examined OTs' perceptions of the value of play as occupation in intervention for children in this project. Following the suggestions of Wolf (1978) this study focused on the social value of the *procedure* of using play as an occupation in intervention, using subjective evaluation. Subjective evaluation involves persons' (e.g., patients, parents, experts) judgments concerning some aspect of the treatment (Kazdin; Kennedy, 1992), and we began an examination of this construct using interventionists, and asking them to complete questionnaires after viewing intervention segments on a videotape.

Instrument

The instrument used in this study consisted of a questionnaire and videotape. The content of the questionnaire was based on an operational definition of play and the concept of playfulness. Characteristics included in the operational definition of play were that the children were intrinsically motivated, joyful, active, and in control of the play situation (Bundy, 1991; Caillois, 1961; Levy, 1983; Norbeck, 1971; Parham, 1996; Rubin et al., 1983; Takata, 1969). The current questionnaire was adapted from the literature (see Table 6) and comprised of 6 questions that asked subjects to rate their perceptions of the 10 videotaped play clips on a seven-point Likert scale. Because of the nature of our project, all videotaped clips also depicted the use of assistive technology to promote play. A background information questionnaire was included with the instrument.

The videotape was developed by selecting 15 sessions from existing "Let's Play!" videotapes. Sessions were chosen because they (a) were representative of a continuum of playfulness, (b) clearly showed the child playing for 2 to 3 minutes, and (c) were of sufficient quality to allow the child's activities to be clearly seen. The continuum ranged from sessions that represented play as occupation where children showed exuberance during play through those emphasizing therapist-directed play, in which children showed little initiative during play and were guided through the play experience by adults. The sessions were randomly placed on a single videotape and piloted to test the validity of the instrument (questionnaire and videotape). Subjects in the pilot study consisted of a convenience group of eleven second year graduate occupational therapy students who had completed course work in pediatrics, and two expert pediatric occupational therapists. Clarity of the instructions and questions, the length of time needed to complete the questionnaire, and the nature of the data were examined. Based on the responses, the 15 sessions were refined to the 10 that best represented the play continuum, the wording of the questionnaire was modified and one question was added. Following revision two final versions of the videotape were constructed to control for order effects.

Sample

A convenience sample of 27 pediatric occupational therapists was obtained from a list of members of the American Occupational Therapy Association [AOTA] living in Virginia and members of the Virginia Occupational Therapy Association [VOTA]. Both groups had stated an interest in pediatrics. Additional subjects were obtained through supervisor recruitment at three different facilities.

Data Collection

The instrument was mailed and all participants were asked to watch the videotape, complete the corresponding play questionnaire for each segment (10 total), and complete a background questionnaire. The total time required to complete the video and the questionnaires was estimated to be between 45 minutes and 1 hour. All 27 questionnaires were returned, although two of the 27 questionnaires received were incorrectly completed and were unusable. Of the remaining 25 questionnaires, some had missing data. As such, some analyses reflect fewer than 25 responses.

Subject Demographics

Specific subject demographic information can be found in Table 7. The group as a whole had strong pediatric experience, and over half currently worked with the 0-3 year old population.

Data Groupings

In analyzing the data, questions from the play questionnaire were grouped according to the nature of the questions (see Table 1 for the questions). Questions 1 and 2 included seven descriptors of playful episodes based on the literature: fun, rewarding, interesting, engaged, decisive, in control, and persistent. For purposes of analysis the ratings of these descriptors were combined, thereby providing a nature of play rating for both child and activity (Q1+2, nature). Questions 3 and 4 included three descriptors that addressed the therapists' perceived value of the play sessions: appropriate, purposeful, and valuable. The ratings of the descriptors were combined to provide a value rating (Q 3+4, value). Question 5 pertained to whether therapists would use activities shown in the video (Q5, use), and question 6 addressed therapists' overall perceptions of the session (Q6, overall).

Findings

1. Nature of play sessions. The sessions were dispersed along a 7-point continuum, with Sessions 2 and 10 rated the most playful and Session 8 the least playful (see Figure 4). Sufficient variability exists among the distributions and averages, to indicate that the sessions were representative of a play continuum.

2. Playfulness and session value. Strong positive correlations were found between Q1+2 (nature) and Q3+4 (value). When therapists considered a session playful (Q1+2, nature), they also viewed the activity as valuable (e.g., Session 2: r ' .70, p < .001, Session 10: r ' .80, p < .001). As the session became less playful, value and usefulness declined as well (e.g., Session 8: r ' .48, p < .05). The somewhat lower correlations for sessions rated as less playful indicate that some activities are valued for intervention, even if they are not considered playful. In addition, positive correlations were also found between Q6 (overall) and Q3+4 (value). Correlations ranged from r ' .63 (Session 1) to r ' .89 (Session 6).

3. Value and usefulness of session. A significant positive correlation (p < .05) was found between Q1+2 (nature) and Q5 (use). As subjects rated sessions more playful, they were more likely to use the session as a part of intervention. Correlations ranged from r ' .36 (Session 4) to r ' .81 (Session 7).

4. Demographic information and playfulness. We examined therapist demographics based on (a) years of experience as an occupational therapist (0 to 5 years versus 6 or more years), (b) age range of the population at current setting (0 to 3 years and older versus 3 years and older), (c) therapists' special training (therapists with special training versus therapists without), (d) whether therapists have children of their own, and (e) the version of the tape viewed by the therapist. Looking at the therapists' responses to Q6 (overall) based on these demographics the only significant difference was related to the version of the tape viewed by the therapists.

In summary, this study indicated that occupational therapists do value the use of play as occupation and would use it as a *part* of an intervention session for children ages 6 to 36 months. In general, when therapists reported that a session was very playful, they were more likely to report that they valued the activity seen in the session and that they would use the activity in intervention. The reverse was also true. That they do not routinely spend an entire intervention session "playing" may reflect their own failure to fully value play as occupation. Alternatively, occupational therapists may not feel at liberty to emphasize play due to beliefs and values of other team members and or third party insurers. We interpret this to mean that a stand-alone AT/Play service such as that promoted by the "Let's Play!" project will not replace a typical OT session as an integral aspect of intervention.

A follow-up investigation was planned to expand this work to parents, and determine their value of play. Work had begun on tool revision and subject recruitment, but had to be discontinued due to a temporary suspension of human research at Virginia Commonwealth University. Plans are underway to continue this line of investigation.

Table 6

Play Questionnaire

Please respond by circling the number on the continuum based on your overall perceptions of the video watched.

Session #:__________

1. The child in the video seemed to find the activity:

fun	1	2	3	4	5	6	7	no obvious signs of joy
rewarding	1	2	3	4	5	6	7	dissatisfying
interesting	1	2	3	4	5	6	7	dull

2. During the activity, I thought the child was:

engaged	1	2	3	4	5	6	7	not attending to the toy
decisive	1	2	3	4	5	6	7	indecisive
in control	1	2	3	4	5	6	7	responding to direction of others
persistent	1	2	3	4	5	6	7	sporadic

3. I think that for this child to spend time in therapy as s/he did on the video is:

appropriate	1	2	3	4	5	6	7	undesirable
purposeful	1	2	3	4	5	6	7	meaningless
valuable	1	2	3	4	5	6	7	worthless

4. This therapy session is:

appropriate	1	2	3	4	5	6	7	undesirable
purposeful	1	2	3	4	5	6	7	meaningless
valuable	1	2	3	4	5	6	7	worthless

5. How likely are you to use this activity in therapy?

very likely	1	2	3	4	5	6	7	not at all likely

6. Overall, how do you rate this session?

very playful	1	2	3	4	5	6	7	boring
lots of fun	1	2	3	4	5	6	7	not much fun

Table 7: Subject demographics (n=25)

Demographic characteristics	n	%
1. Experience in occupational therapy (years)		
1-2	4	16
3-5	5	20
6-10	2	8
11+	14	56
2. Experience in pediatrics (years)		
1-2	5	20
3-5	4	16
6-10	6	24
11+	10	40
3. Current job setting*		
Inpatient acute care	6	24
Inpatient rehabilitation	6	24
Outpatient rehabilitation	9	36
Long term care	1	4
Early intervention program	5	20
Home health	3	12
4. Demographic characteristics		
School system	17	68
Sensory integration clinic	5	20
Other	3	12
5. Age range of population in current setting (years)*		
0-2	16	64
3-4	25	100
5-18	25	100
19-21	11	44
22+	5	20
6. Age range of population in previous settings (years)*		
0-2	16	64
3-4	16	64
5-18	15	60
19-21	13	52
22+	16	64
Not applicable (currently in first setting)	2	8
7. Special training*		
Sensory integration	5	20
NDT	5	20
Other	2	8
None	14	56
8. Have children		
Yes	15	60
No	10	40

*Note. Subjects responded to more than one item, resulting in n > 25 for those items.

Figure 4

Are children with disabilities playful?

As a follow up to an earlier study, we further investigated playfulness in children participating in the "Let's Play!" project by looking at two broad groups of children: those with motor impairments and those with cognitive impairments. As a preliminary step we also looked at the tool we were using, the Test of Playfulness (ToP), to determine its validity when applied to this population of children with significant disabilities.

Raters and Instrument

Three OT students were trained and calibrated on the ToP. The ToP is a 24 item qualitative observational assessment of playfulness and was designed to be scored from videotapes of children engaged in free play with playmates or with a familiar adult caregiver. The ToP has been shown to be reliable and valid for use with children six months to ten years of age with or without physical disabilities. Each of the 24 items is associated with one of four components of playfulness: intrinsic motivation, internal control, freedom to suspend reality, and framing. Items are rated on a 4-point scale for the extent (proportion of time an item is observed), intensity (degree to which some items are present), and/or skillfulness (skill or ease of task performance) with which the child exhibits the specified behavior. Scoring of the ToP uses a Rasch measurement model.

Subjects

Subject for this study included 20 children from the project, initially categorized as having either primarily motor or primarily cognitive deficits. Raters viewed tapes of the initial sessions in the "Let's Play!" project, looking at playfulness with initial exposure to the assistive technology and play materials, as well as play strategies, suggested by project personnel. All raters viewed all tapes independently, and scored them using the ToP. Scores from raters were highly consistent, all raters fitting the Rasch model.

Findings

When playfulness scores for the two groups of children were subjected to the Rasch analysis, one child failed to fit the model; upon reflection it was determined that her age put her at the very low end of recommended age for the ToP, and as such her failure to fit the model was believed to reflect age rather than lack of playfulness. Her data was not used in other analyses. A second child also scored very low, unusually low for her group. This child carried a dual diagnosis of visual and motor impairment, something that was not apparent on the videotape and about which the raters did not have prior knowledge. Because of her dual diagnosis she did not fit well into the motor impairment group, and as such was dropped from further analysis.

For the remaining children ToP scores indicated that they were playful, although their scores were consistently lower than those of typical children. No differences were identified overall between the children with primarily motor and those with primarily cognitive disabilities. Particularly notable were relatively high scores (higher than those for typical children) on exuberance and low scores for the skill of maintaining engagement in an activity. The high scores on exuberance may have been rater leniency, with raters crediting children with 'exuberance' when smiles, rocking, or other relatively subtle facial expressions were noted. In typical children such behaviors would not be included in a rating of exuberance, and this requires further investigation. Low scores on skill of maintaining engagement may indicate that the children with disabilities studied here are not skilled at crafting a play theme and maintaining it. An alternative explanation is that the set up of a "Let's Play!" session, with the ongoing introduction of new AT and play materials and strategies does not lend itself to the demonstration of engagement on the part of the child. We favor the second explanation, although further study is warranted.

A few children also scored higher than expected on an item that looks at process vs. product in play; that is, does the child play just for the fun of playing or is the child goal or product oriented. In this project some children scoring high on this item tended to use the play materials more for immediate enjoyment; they played with the switch not because it was attached to a fun toy but because it had a click sound they enjoyed, or they were attracted to the cord on the switch, and were not necessarily interested in the toy to which it was attached.

Children also exhibited some unexpectedly low scores on deciding what to do, persistence, and negotiating, suggesting that at times they do not take control of the play scenario, do not persist and are not skillful in negotiating the play situation. This types of behaviors would seem to be consistent with what might be expected from children with disabilities that interfere with interactions with both the human and physical environment.

Summary

These results confirm earlier findings, with a larger and better-defined group of children. In addition, it supports the reports from parents that children in the project can be playful, and that the project can and does support playfulness. Future investigations are planned to take a closer look at the environmental supports provided through the "Let's Play!" project, and more closely examine correlations between environmental supportiveness and playfulness. Our earlier preliminary data (reported previously) suggested a relationship between these features, but a more carefully planned investigation is needed that includes baseline sessions without intervention, followed by intervention sessions.

2. *Family Outcome/Measurement Findings*

Our highest priority outcome is to empower families to play with their child with a disability. To measure the project's impact on the play interactions and attitudes of families, we developed items within the *Family Satisfaction Survey* to reflect the family's play interaction skills and their satisfaction with the family-centered interactions of the project staff. Specifically, items 3-8 on the survey pertain to family outcomes.

Table 3. Family Outcomes

Outcomes	Measurement	Findings/Results
1. To enhance play opportunities for families of children with disabilities Outcomes reflect Objective 2.1 and 2.3: Families report increased play partner skills and abilities **Families will: (Play-focused)** ▪ play more often *(Survey items 3)* ▪ report that they enjoy playing with child *(Survey Subjective comments)* ▪ report that play has enhanced family life. *Survey item 8)* **Families will: (Family-Centered)** ▪ feel an equal partnership with service providers	**1. Survey to families after every 3 sessions and at project completion** ▪ Objective survey data: specific survey items for each outcome are noted in parentheses in Outcome column ▪ Subjective comments from families regarding strengths and needs of the program are used to make changes in the model and procedures **2. Ongoing data collection: Play Plans** ▪ family shared successful play strategies ▪ family play outcomes drive the selection and use process	1. **Survey data shows positive response to aspects of project.** ▪ **Enhanced ability to play** ▪ **Staff partnerships** ▪ **Increased access to AT play materials** 2. **Successful family play strategies and AT uses are reflected in the development of Play Sheets** ▪ Study in progress identifying Family Play Outcomes and the most useable AT play solutions 3. **Families attend workshops and conferences;**

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(Survey items 5, 6) ▪ feel comfortable/supported in their choice of AT and play strategies *(Survey item 4)* **Families will: (AT Supported)** ▪ have increased play options *(Survey item 3)* **Families will seek information on AT and Play**	▪ comment section included on AT Borrowed Form is collected during ongoing follow-up interviews **3. Attendance at awareness workshops**	▪ staff provide inservices to parent groups upon request

Table 4 depicts the family response to questionnaire measured on a five point Likert-type scale (1- low to 5- high) for each project-specific family outcome, the specific survey items for the measurement of each outcome and the mean score per item received over the 60 months of data collection is reported . More than 120 surveys were distributed to families participating at the original site at UB in Buffalo, and 84 were returned, yielding a 68% return rate. Families participating in the Let's Play! Project are sent a survey to complete after every third play session, that addresses Outcomes 1, 2 and 4 (in part). As it can be seen in Table 3 overall mean scores reflect a remarkable gain in families' perceived ability to play with their child with a disability. It also confirms a high level of satisfaction with the family-centered approach that is at the heart of this project

Table 4. Mean Results of Satisfaction Surveys

Satisfaction Question	**Original Site Responses**	**Replication Site Responses**
# 1 (Child Outcome) AT material increased play	4.6	4.45
# 2 (Child Outcome) AT strategies increased play	4.88	4.38
# 3 (Family Outcome) Increased play options	4.59	4.31
# 4 (Family Outcome) increased confidence	4.56	4.48
# 5 (Family Outcome) Project staff responsiveness	4.88	4.72
# 6 (Family Outcome) Level of family involvement	4.73	4.60

# 7 (Family Outcome) Adequate AT inventory	4.55	4.44
# 8 (Family Outcome) Enhanced family play	4.76	4.63
Total	4.68	4.44

Other findings/results of the Satisfaction Surveys are:

- Survey data shows positive results to aspects of the project. Mean item results were in the 4.5-4.8 range, indicating very high satisfaction levels.
- In addition to gathering information in a quantitative manner families are asked to express their opinions for improving the project and discussing favorable features of the project through two open-ended questions. Subjectively, families reported both strengths and needs of the model over the five years of the project.
  - Positive comments reflected the knowledge and skill of the staff, flexibility of the staff in accommodating family needs, the importance of the family in the process, and the selection of toys and diversity of solutions.
  - Needs of the model that were identified included suggestions for using photos and catalogs to improve parents exposure to AT, gaining a larger inventory for specific needs, increasing the frequency of visits, and suggestions to extend the program beyond three years of age.

These subjective written comments reflect the true worth of the project and its impact on the family. Services that meet the day-to-day needs of the family and that support families in reclaiming their natural right to familyhood must be promoted and expanded. By addressing the very natural "play needs" of these babies with disabilities we helped families to focus on outcomes that are natural for all children, not just those with "special needs". We have compiled these comments and include them in Appendix A for your review. A few examples follow:

- "It opened up a whole new world of enjoyment for all of us. The importance of any child to be involved, to make them feel good about themselves can only lead to better outcomes."
- "In a society where there is unfortunately, too much emphasis on the "disability" aspect of "disabled children", we thank you for focusing on the "child" and respecting the most important task of her childhood, to play!"
- "On a daily basis we are constantly bombarded by pediatricians, specialists, developmentalists, therapists, and special educators who encourage us to become involved

with therapies and treatment modalities. Your program was the only one whose sole purpose was to remind us of what Matthew's goal should be first and foremost…that is, to be a kid!"

- "You have prioritized and reinforced how very important playtime is for a child, any child."

The use of Parent Reports to collect data is utilized extensively throughout the project. A unique feature of this model was the intensity of parent/ professional interactions beyond the scheduled play sessions. Parents are interviewed prior to each follow-up play session as to their child's ability to play and how they used the AT items. Although the AT Borrowed form included a "Comment" section for this information, the great majority of families reported information via the telephone follow-up interview, or during the play session itself. A wealth of information has been generated from these interactions and data continues to be analyzed to identify how successful the AT items were in meeting specific play outcomes. However, we have already incorporated many of the parent responses of "best practices" into the information contained in the products developed throughout the project.

Families receive direct services from project staff; they have also had the opportunity to attend workshops and conferences with other parents and professionals in order to identify increased play options. Although the majority of these workshops are designed for all persons interested in play with infants and toddlers with disabilities, we have provided information on specific topics to parent groups upon request. Their numbers are reflected in the total number of training participants under Outcome 3.

Principal Objective 3.0

By the end of the third year, early intervention service coordinators in Erie and Niagara counties will report that they have incorporated assistive technology into the IFSPs of infants and toddlers with significant disabilities.

Activities/Accomplishments

The aforementioned principal objective and subordinate objectives have been met and exceeded for all reporting periods. Data continues to be collected at the original site as well as at the majority of Replication sites. The Let's Play! Staff have continued to work collaboratively with the Early Intervention officials to identify procedures and integrate assistive technology devices

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and services to aid in reaching family stated outcomes on the IFSP. Table 5 indicates Service Provider Outcomes, measurement tools used and the outcomes of related activities.

Table 5. Service Provider/Coordinator Outcomes

Outcomes	Measurement	Findings/Results
3. Professionals involved in families' lives understand the value of play Outcomes reflect Objective 3.1, 3.2, 3.3 • service coordinators make appropriate referrals to play/AT resources • IFSP activities include use of play and AT strategies in order to achieve family stated outcomes • professionals collaborate with play/AT community resource personnel	**1. Meetings/Inservices/Workshops** • Open House • Service coordinators (knowledge and referral) • Parent Collaboration Groups • Information workshops on Play & AT (attendance sheets) for: • Service coordinators and administrators • service providers • families and • child care workers **2. IFSP Documentation** • AT services (loan, selection) are on IFSP's • ATD loan fee established for AT maintenance, tracking, replacement • AT Evaluations are included as supplemental evaluations • staff attend IFSP meetings **3. Professional Collaboration** • AT/Play service participation • telephone information requests, information sharing (logs) • letters in initial family packets • for each service provider on IFSP team • Replication site inclusion	**1. Number of Awareness workshops**. Appended Table reflects topics and participants of local, state and national information workshops; over **2900** parents and professionals in attendance ▪ Local EI Interagency Council workshops ▪ Connections with NYS EI curriculum trainings ▪ Play Conferences held each year ▪ Service coordinator trainings on county referral procedures for Play & AT Lending Library ▪ State Conference presentations ▪ National Presentations **2. AT/Play Lending Library services are on all participating family's IFSP's in 11 NY counties** • Project is approved EI provider in NYS for AT supplemental evaluations and AT services • AT/Play services and loan rates are in effect in Erie County • AT service beginning to be recognized as EI service in other counties • staff included in IFSP notification system

		3. AT/Play sessions increasingly include collaborative session involving members of IFSP teams • Service coordinators and providers request information on AT • AT/Play folders distributed to families serve to link to other services.

Impact on Systems Change

In Erie County AT services are included on the IFSP and are reimbursed according to county rates. Access to one of the four AT and Play Lending Libraries (including the Let's Play! Project) is included on all IFSPs under AT services. The AT service is provided with qualified EI personnel and assists families in selecting AT items that look to address play outcomes. The AT service is listed on each IFSP document as to how it will assist in meeting family stated play and development outcomes. To further support the use of AT services on the IFSP, project staff attend IFSP meetings for the families involved in the project.

Additionally, a technology device loan fee is charged for each AT/play session that is performed. This loan fee acts to support the maintenance, cleaning tracking and replacement of inventory items. These costs are not included in the AT service fee. This mechanism ensures the continuation of the model after the completion of the grant.

Service coordinators continue to play an important role as part of the service delivery team. As families indicate a need for AT to support their family outcomes, the service coordinator recommends service provided by the Let's Play! Project. A greater variety of service coordinators have initiated family involvement in the Let's Play! Project over the past year. The Let's Play! Project provides ongoing informational sessions to service coordinators at various local meetings and conferences. A system for securing AT devices and services has been in place since 1996 and continues to be effective in meeting the community needs. The system separately addresses AT services and AT devices. On the IFSP these services are indicated as Assistive Technology services.

IX. PROJECT IMPACT/PRODUCTS

Principal Objective 4.0

By the project's third year, the model, its findings and its products will have been developed and disseminated; other indicators of the project's impact on the field

Activities/Accomplishments

As a strong model for service had been the focus for the first three years of the grant, Year 4 and 5 placed a heavy emphasis on replication and dissemination activities. As there is a critical need for information on providing services that address the developmental needs of children such as interacting, communicating and playing. We have shown how AT can be used to support the play outcomes of a child within his family unit. Efforts to disseminate this information have resulted in numerous requests for additional knowledge directed towards the Let's Play! Project Staff. Dissemination activities and records of information requests have been recorded for the grant period. We have tallied a total of 956 logged requests for information that have been received from local, state, national and international facilities via telephone, mail and e-mail. Additionally, the Let's Play! Web site (http://cosmos.ot.buffalo.edu/letsplay/) has received more than 4500 "hits" in just the past twelve months.

Dissemination Plan

Our dissemination plan provided for the reporting of findings to increase the probability that project outcomes could be replicated and expanded. Products were disseminated to the appropriate target audiences, primarily parent and professional organizations that serve families with infants and toddlers with disabilities. Organizations such as the Parent Network, the state and national organizations of the Council for Exceptional Children, the American Occupational Therapy Association, the American Speech and Hearing Association and other groups which focus their efforts on expanding the use of AT were targeted. Dissemination of project results and product availability was also conducted through professional journals, presentations at conferences, electronically through telecommunications networks, training workshops, and newsletters as detailed below:

Parents/families

Targeted Mailings: The AT/Play Service Brochure that described the available service to help families identify and support play in their young children continues to be disseminated to every family entering the Early Intervention Program in nine NYS counties. Additional mailings included flyers on three Play Conferences convened by project staff; and copies of the Toys For Differently-Abled Children (Toys R Us/Parent Network). Ideas to extend their use of play was disseminated through the sharing of project-constructed Play Sheets on specific play topics.

Family Publications: Articles describing the project and family outcomes were submitted to family journals and magazines. The nationally disseminated *Exceptional Parent* was targeted; the project submitted articles on Play and AT in an ongoing manner as the topic was a popular one. A last submission can be seen in the Fall, 2000 issue. In addition, information on the project was disseminated to other family-centered projects and groups for further dissemination through their mailings.

Professionals

Targeted Mailings: Findings on the impact of project activities on the development of young children with disabilities was reported through targeted mailings. A Product Brochure (see Appendix A) was developed and disseminated to members of the following groups: State Interagency Coordinating Council Chairpersons, State Part C Coordinators, OSEP Project Directors and field practitioners attending conference presentations. Project information was submitted to the following professionals groups for further dissemination via their newsletters: the National Center for Clinical Infant Programs, members of the Developmental Disabilities Planning Council of New York State (NYS), the national and NYS Councils for Exceptional Children (CEC), the national and NYS CEC Sub-Division for Early Childhood (DEC), and the Technology and Media (TAM) Sub-Division

Conference Presentations: We disseminated the findings of the project through presentations at state and national conferences. We presented lectures, and pre-conference workshops on project methods and outcomes. As this was a transdisciplinary effort, and impacts on all areas of service provision for young children with disabilities, conferences included several New York State conferences (CEC, DEC, TAM) and the national conferences of CEC, DEC, TAM, American

Occupation Therapy Association (AOTA), and Closing the Gap. See Appendix B for a complete list of presentations and conferences.

Professional Journals: We reported our findings of the effectiveness of AT solutions to increase the interactions of young children with disabilities in professional journals. Journals included the Physical and Occupational Therapy in Pediatrics, Focus on Autism and Young Exceptional Children..

Products Development

Information including play facilitation, toy selection and adaptations have been collected and compiled by Project Staff. The information gathered has taken several forms. Below are listed the products which have been completed and that are ready for national distribution. The following products are designed for parents and professionals in Early Intervention programs. The content reflects the strategies and supporting materials useful when considering play options for young children with disabilities. These products are available to the general public and are included as part of the training workshops for participating replication sites. Single copies of each product are appended to this report.

1. LET'S PLAY! SHEETS

A collection of one-page play idea sheets to promote playful interactions in babies with disabilities, age 0-3. Categories include Special Play Materials, Creating Play Environments and Positioning for Play.

2. COMPUTER PLAY WITH YOUNG CHILDREN WITH DISABILITIES

A booklet offering suggestions on selecting and using software programs to promote playful interactions. Adaptive peripherals help young children control the software programs that lead to independent participation. Software suggestion for all developmental stages are suggested as well as websites with down loadable programs to try out.

3. PLAYING WITH SWITCHES

Using battery-operated toys and games with single switches provides a wide range of play opportunities for children with disabilities. The booklet offers suggestions for selecting and using switches for play and communication purposes in a variety of environments.

4. HOW WE PLAY!

This Play Guidebook is intended to assist parents with babies with disabilities and the individuals who provide them with Early Intervention services, by encouraging play in the child's life. Each of the six Emerging Play sections includes illustrated information on:

- What The Child Does
- Play Material
- What the Caregiver Does
- Positioning Options & Adaptations

5. A GUIDEBOOK FOR DEVELOPING, USING AND MAINTAINING A PLAY & ASSISTIVE TECHNOLOGY LENDING LIBRARY

Young children have immediate needs for technologies that support their participation in all routine activities throughout the day. Establishing a Play and AT Lending Library is a critical component of the model. It has proven to be a cost-effective way to provide immediate AT low-tech options to families that address their child's changing needs as they develop through infant and toddlerhood. The Guidebook includes a narrative addressing the development of a Play and AT Lending Library, the need for local collaboration and specific steps to take to ensure an adequate inventory. Descriptions of the intake process, service session protocol, inventory tracking and follow-up is provided. Section two of the manual includes examples of all forms used by the Let's Play! Project to track inventory items and document service delivery and consumer satisfaction. All AT inventory items are categorized and included in the final section of the manual.

6. COLLECTION OF ARTICLES: EARLY INTERVENTION

A collection of articles from professional journals addressing issues in early intervention service delivery. Articles pertain to Family-Center Service delivery, Assistive Technology Supports and/or the Importance of Play for Children with Disabilities.

7. CREATING PLAY ENVIRONMENTS

Toys are the tools of play. When adapted and combined with other AT supports, a play environment is created. This booklet offers background information and specific "How-To's" for promoting play.

8. CATALOG OF AT/PLAY INVENTORY

This full-color catalog provides examples of most frequently borrowed AT/Play items. Categories of devices include commercial and specialized play materials, positioning/mobility supports, adaptive supplies and communication aids.

As discussed above most of the materials developed from the project have been shared at state and national conference presentations.

Brochure

A brochure about the AT services provided through the Play and AT Lending Libraries in Erie County has been disseminated to Early Intervention Officials in each of the counties of the state as well as to administrators in the Department of Health in each county. See Appendix A.

Website

A Let's Play website has been developed to aid in disseminating project information outside of the Western New York area. The web site address is www.cosmos.ot.buffalo.edu/letsplay/. The following information is presented on the web site: the philosophy of the project, information on play in children with disabilities, family involvement in service delivery, assistive technology as it relates to early intervention, case studies of some of the children involved in the Let's Play! Project, resources and links to related sites and information on the staff involved in the project. This web site has been used and reviewed favorably by a variety of professionals and family members. See Appendix A for the home page of the Let's Play! Project.

Presentations

Over 60 local, state and national presentations have been made to a variety of audiences including families, service providers, service coordinators and administrators on the components and service delivery process defined in the Let's Play! Project. Approximately 3,000 individuals participated in the presentations of a variety of topics related to project activities. Appendix B includes a list of presentations given by project staff during the funded period. Included for each presentation are the title, conference/group, location and audience.

Papers and Articles

Articles

Goetz, A.G., Gavin, W., & Lane, S.J. (in press). Measuring family centered interaction in early intervention: Validity and reliability. *Occupational Therapy Journal of Research.*

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Mistrett, S. G. (2000, March). Adapting toys for all kids. *Exceptional Parent,30*(3), 40-43.

Mistrett, S.G. (2000, February) Creating play environments. *Exceptional Parent,30*(2), 42-43.

Lane, S.J. & Mistrett, S.G. (1996). Technology: Can and should it be used for early intervention? (Chapter 9). In S. Lane (ed.) *Technology for the Pediatric Therapist.* Philadelphia: F. A. Davis.

Lane, S.J. & Mistrett, S.G. (1996). Play and assistive technology issues for young children with disabilities. *Focus on Autism and Other Developmental Disabilities.*

Golinker, L. & Mistrett, S.G. (1996). Funding. (Chapter 10). In S. Lane (ed.) *Technology for the Pediatric Therapist.* Philadelphia: F. A. Davis.

Mistrett, S.J. & Lane, S.J. (1995). Using assistive technology for play and learning: Children, ages birth to ten (Chapter 5). In Mann, W.C. & Lane, J.P. (eds.), *Assistive Technology for Persons with Disabilities*, 2nd. edition. Bethesda, MD: AOTA.

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Reports

Mistrett, S.G., Hale, M. M., Diamond, C. M., Ruedel, K.L.A., Gruner, A., Sunshine, C., Berman, K., Saunders, J., & McInerney, M. (In Preparation.). *Synthesis on the Use of Assistive Technology with Infants and Toddlers (Birth Through Two).* Prepared for the Office of Special Education Programs, U.S. Department of Education, Washington, DC: American Institutes of Research.

Newspaper Articles

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Kay, J. (1996, January 14). Step by step physically handicapped children's program provides access to help. *The Niagara Gazette*, pp. E1, E2.

Kay, J. (1994, November 27). Head start: Down syndrome children begin their educations early. *The Niagara Gazette*, pp. E1, E2.

Let's Play! Project offers tips for toy-buying. (1999, December). *University at Buffalo Reporter, 31*, 2.

Let's Play! Program puts fun back into the lives of babies with disabilities. (1998, May). *University at Buffalo Reporter, 33*, 2.

Not just playthings: Toys are more than fun and games for kids with disabilities. (1994, November). *University at Buffalo Reporter, 26*, 12.

Varoom, S. M. (2000, May 19). Youth bureau library a literal 'toy story'. *The Batavia Daily News*, pp. 1-2.

Newsletter Articles

Program uses toys to help children with disabilities. (1995, February). *The Voice, 22*, 10.

On-line References

Baker, L. (1994, November 11). UB program uses toys to help children with disabilities [15 paragraphs]. *University at Buffalo News* [On-line www.buffalo.edu/scripts/newnews

Goldbaum, E. (1998, May 21). Let's Play! Program stresses fun and family for infants and toddlers with disabilities [26 paragraphs]. *University at Buffalo News* [On-line www.buffalo.edu/scripts/newnews

Goldbaum, E. (1999, December 3). It's easy to find holiday gifts for children with disabilities 16 paragraphs]. *University at Buffalo News* [On-line www.buffalo.edu/scripts/newnews

X. STATEMENT OF FUTURE ACTIVITIES

Networking activities in conjunction with dissemination efforts resulted in several collaborative endeavors. Because of the expertise developed throughout the grant period, project staff has been invited to lend their knowledge and participate in several EI related groups. They are briefly listed below:

- The NYS lead agency for Early Intervention, the Department of Health, has developed clinical practice guidelines for practitioners on a variety of topics. In September 2000 work will begin on the Vision Disabilities Clinical Practice Guidelines. Consensus panel members are selected to develop the guidelines. Let's Play! Project staff has been invited to participate and lend their perspective on the use of supportive technologies for developmental outcomes of this population.
- As noted in Reports section above, the Project Director was invited to participate in the development of a report on the state of assistive technology use with infants and toddlers with disabilities. This report will reflect much of the information collected during the project years.
- From 1995 through 1998, the Project Director developed and presented the AT curriculum for the NYS EI Program through the Department of Health's Training for Tots curriculum. This information became the standard for EI personnel training in New York.
- Although the AT/Play services will continue in Western New York, they will do so without grant support. In order to ensure the inventory includes the newest, state-of-the-art play materials, we have contacted Fisher-Price for assistance. They have agreed to provide us with any of their products that we feel would be beneficial for the children receiving services. Their newest catalog promotes toys with many universal design components- design features that make toys accessible by children with a wider range of abilities. They have requested information on toy adaptation and strategies for maximized toy interactions.
- The Fisher-Price/Mattel Corporation contacted the Let/s Play! project in September, 2000 to enter an agreement to develop a catalog for parents of children with disabilities with suggestions of their most appropriate toys. We continue to locate toys with features of "universal design" that are highly reactive and easy to access. These toys make play more successful so that children with a wider range of abilities can successfully interact with them. This project will help to emphasize features of commercial toys that result in better play opportunities. It will help parents to select useable toys that will "work" with their children, instead of having to resort to "specialized" catalogs for disabled populations.

- Project staff have been approached by several vendors for the distribution/publishing of developed products. Negotiations have been begun. Currently all products are distributed through the Center for Assistive Technology in Buffalo, NY.

X. ASSURANCE STATEMENT

The full final report has been sent to ERIC and copies of the title page and abstract/executive summary have been sent to NEC*TAS.

The Let's Play! Model will continue to support families to provide opportunities for their children to play and to address the play and assistive technology information needs of Early Intervention professionals.

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Appendix A

Forms & Brochures

Where are the Play & Assistive Technology Lending Libraries?

Let's Play! Project
UB/ Center for Assistive Technology
Buffalo, NY
(716) 829-3141
Contact: Susan Mistrett

Heritage Play Library
Heritage ARC
Kenmore, NY
(716) 876-3901
Contact: Judie Kirkwood

Margaret Lenahan Play Library
The Early Childhood Program
Children's Hospital of Buffalo, NY
(716) 878-7640
Contact: Tim Burke

The Child Care Coalition
Buffalo, NY
(716) 877-6666
Contact: Susan DiNatale

The Erie County
Department of Youth Services

Dennis Gorski
County Executive

L.Nathan Hale
Commissioner

Play & Assistive Technology

Lending Libraries

Erie County Department
of Youth Services

Early Intervention Program

BEST COPY AVAILABLE

What are Play & Assistive Technology Lending Libraries?

Play is how children grow; it's what they do. Recognizing the importance of play, the Early Intervention Program provides services through Play & Assistive Technology (AT) Lending Libraries.

The libraries are located at four sites throughout Erie County. AT selection and loan services may occur at the libraries or in homes, child care programs or community centers.

Library staff help families to explore, discover, and enjoy the playfulness within their child.

AT library items are used to "assist" the child in play and include:

- adapted toys for easier use,
- specialized switch toys,
- positioning and mobility aids
- early communication devices.

Families and professionals work together to identify what works best to provide successful play options. AT items are borrowed and tried out by the family for 4-8 weeks. Another play session is then scheduled and new toys/adaptations are offered to meet changing needs.

How Do I Join?

Any family currently participating in the Erie County Early Intervention Program can receive services from ONE of the libraries.

Simply indicate your interest to your Service Coordinator. The service will be added to the IFSP, specifying the chosen Play & AT Lending Library.

What Happens Next?

- Library staff contacts the family to discuss the child's play interests and to schedule a play session
- Families choose where the services are provided
- Families and staff work together to find successful play solutions
- Families agree to care for loaned items
- Libraries recycle assistive technology items to families in Erie County
- Library staff collect information from families on playful ways to use items with children and share these ideas with other families

Let's Play! Project

Service Coordinator ______________________________

Date ______________ S.C. Phone ______________________

IFSP Service/Amt. ____________________ Setting __________

Family Background Information - Computer

Child's Name ____________________ Sex ____ Birthdate __________

Parent/Guardian ______________________ Phone __________

Address ______________________________________

City,State,Zip ______________________________________

Siblings and their ages ________________________________

Is there any medical information you would like us to know about your child?
(seizure history, vision, hearing, ambulatory abilities, and current medication)

Where does (your child) spend his/her day, and who is the primary caregiver?

What services does your child receive? (who/where/when)

Computer

What do you know about the play project? (Tell family about project)

What do you hope to gain through this evaluation/service?

What type of computer do you have? Windows Mac

Model ______________________________

If Windows key board port (PS2 - small circular, 7 pins or AT- lrg. circular, 5 pins)

sound card Yes No

CD ROM Yes No

Size of monitor ______________________________ (measure diagonally)

How does your child use the computer now?

What type of software does your child like?

Does child know that his/her actions are causing changes on the screen?

Does your child make choices?

What are your child's specific interests/preferences? (subject matter- animals, people, vehicles and sensory preferences- music, visual)

Seating/Positioning

Where is your computer positioned now?

Where does your child sit when he/she uses the computer now?

Is your current positioning set-up working?

Schedule

Days/Times good for family:

Date Scheduled: ____________ ____________
Date Time

Note: We welcome you to discuss this project with other family members, therapists/teachers, if you like. Feel free to invite them to join us at the play session!

Ideas:

Peripherals	Software

BEST COPY AVAILABLE

Play & Assistive Technology Lending Library

General Consent Form

I give permission to the *Center for Assistive Technology* at the State University of New York at Buffalo to use reports and lending library information on my child as needed for the purpose of education, research or communication. Examples of specific uses include conference presentations, class lectures and project dissemination activities.

Child's Name: ______________________________

Parent Signature: ______________________________

Date: ______________

Consent for Photography or Videotaping

I give permission to the *Center for Assistive Technology* at the State University of New York at Buffalo to use photographs or videotape recordings of my child as needed for the purpose of education, research or communication. Examples of specific uses include conference presentations, class lectures and project dissemination activities.

Child's Name: ______________________________

Parent Signature: ______________________________

Date: ______________

Play & Assistive Technology Lending Library

Family Borrower Agreement

In order to participate in the services of the Play & Assistive Technology Lending Library, I agree to the following conditions:

- The items are on loan and will be returned to the library at the next scheduled visit, within a four to six week period.
- All items will be returned in clean, re-usable condition.
- If items or parts are missing or broken, library staff will be notified.

______________________________ ____________________

Signature Date

Play & Assistive Technology Lending Library

AT Borrowed

Child: ____________________
Phone #: ____________________
Service Provider: ____________________
Date of visit: ____________________
Place of visit: ____________________
Date of follow-up phone call: __________

Play Outcome:	AT #	Date Out	In	Code	Satisfaction/Comments (1-low, 5-high)
•					
•					
•					
•					
•					

Play Outcome:	AT #	Out	In	Code	Satisfaction/Comments (1-low, 5-high)
•					
•					
•					
•					
•					

CODE: K = kept N= tried but did not select DNBO= did not bring out

This form must be completed for all items borrowed from the Play & AT Lending Library.
White copy to the service provider • *Canary* copy to the Lending Library • *Pink* copy to the family

Play & Assistive Technology Lending Library

AT Borrowed Form

Name		
AT Item	Date Out	Date In

Play & Assistive Technology Lending Library

Follow-up of AT Borrowed

Child: ______________________________ **Date of visit:** ________________________
Phone #: ___________________________ **Place of visit:** ________________________
Service Provider: ___________________ **Date of follow-up phone call:** __________

Use this form with the AT Borrowed form from the last session to determine how well each AT item met the family's Play Outcomes. This page guides the interviewer in identifying the family's *new* play outcomes for their child.

What is your child doing now?
New interests? New Play Goals?

Ideas for new play activities/AT?

Next Appointment:

Date/Time ______________________ **Place** ________________________________

Let's Play! Project
Quarterly AT/Play Report

Quarter (circle):	Jan.-Mar.	April-June	July-Sept.	Oct.-Dec.
	1	2	3	4

Person completing this report: ______________________________

County: ________________ Phone: ________________

Number of new families this quarter: ___________

Number of returning families this quarter: ________

Number of AT/play sessions this quarter: ________

Number of AT items loaned:

- _____ adapted commercial play materials
- _____ positioning/mobility items
- _____ communication aids
- _____ specialized toys/switches

_______ **Total number of items loaned**

List the most frequently stated family play outcomes:

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

What, if anything, would better assist you to provide AT/Play services to families (i.e. training, supplies, inventory items, etc.)?

Return to: Amy Goetz
SUNY Buffalo
515 Kimball Tower
Buffalo, NY 14214

or Fax: (716) 829-3217

Thank you!

Play & Assistive Technology Lending Library

Family Satisfaction Survey

	Please Rate:				
	Low				High
1. The play and assistive technology materials provided by the library helped to increase my child's ability to play.	1	2	3	4	5
2. The play and assistive technology strategies provided by library staff helped to increase my child's ability to play.	1	2	3	4	5
3. As a result of our involvement in the library our family has more options for playing with our child.	1	2	3	4	5
4. As a result of our involvement in the library I am more confident in selecting and using toys and assistive technology with my child.	1	2	3	4	5
5. The library staff listen and respond to my concerns, questions, and ideas.	1	2	3	4	5
6. I feel I am an active member of the team in identifying my child's play needs and in making decisions on what works best.	1	2	3	4	5
7. The inventory of assistive technology play and positioning items is adequate to choose from.	1	2	3	4	5
8. Overall, family play has been enhanced as a result of our involvement in the library project.	1	2	3	4	5

OVER →

We are constantly trying to improve the Play & AT Lending Library. How could we do better?

What are some things that you liked most about the Play & AT Lending Library?

Signature ______________________________ Date ______________
(Optional)

Parent Comments

The following are comments from participating families in response to the open-ended questions at the end of the Satisfaction Survey including:

- *We are constantly trying to improve the Play & AT Lending Library. How could we do better?*
- *What are some things that you liked most about the Play & AT Lending Library?*

" Everyone's great creativity in utilizing "regular" toys and stuff around the house & adapting it for a child with a disability."

" we miss hearing the encouragement and support you so often gave, which gave us hope and confidence in what we were doing."

"It opened up a whole new world of enjoyment for all of us. The importance of any child to be involved, to make them feel good about themselves can only lead to better outcomes."

"The staff provided me with many ideas that have promoted more stimulating and creative play."

"Staff are constantly providing new and interesting toys for my daughter, and discussion of their choices has helped to give me ideas on how to play differently."

"The services that you provide to children are very crucial to their development. The project has greatly helped our family by expanding her world of play and development."

"In a society where there is unfortunately, too much emphasis on the "disability" aspect of "disabled children", we thank you for focusing on the "child" and respecting the most important task of her childhood, to play!"

"On a daily basis we are constantly bombarded by pediatricians, specialists, developmentalists, therapists, and special educators who encourage us to become involved with therapies and treatment modalities. Your program was the only one whose sole purpose was to remind us of what Matthew's goal should be first and foremost...that is, to be a kid!"

"You have prioritized and reinforced how very important playtime is for a child, any child."

"Your program helped open our minds and expand our creativity. In exploring unique adaptations to toys and positioning options with you, we can now provide our son the opportunity to play independently!"

"We feel the project has given us confidence and piece of mind."

"The project put our child's disability in perspective; he is just a little boy who wants to play."

"There are always ways to improve, but I can't think of anything off the top of my head. Keep up the good work!"

"How accommodating they were with requests and keeping the toys that were favored for lengthy periods of time. Toys can be very costly and with a disabled child, you never know if they can play with them well enough to enjoy them. This is a great way of trying new things without the expense. It's great to be involved!"

"Throw out that poor excuse for a communication device and direct parents to the proper source to obtain one. Extend program until 10 years old."

"Came to the house, realizing it is impossible to move around a technology dependent infant. Selection of modern, expensive toys we could not afford. The purchase and recommendation of a Big Mac that cut down on self-infliction and comforts during hospital stay. Thanks guys! God Bless."

"Maybe sometimes coming out sooner than the appointment day. I like the Let's Play Project a lot."

"They listen to what I have to say. They get involved, sitting on the floor with the baby."

"A photo inventory with a description of the toys/equipment available to choose from."

"The knowledge and friendliness of the staff!"

"So far, I am pleased with the play group as it stands."

"Their interest in the child, how they play. The interesting toys they bring to capture the child's imagination. How they bring the parent into play with child."

"You are doing a great job!"

"Amy & Sue. They are wonderful to work with!!!"

"More toys for higher end children to improve communication. Feeding toys."

"Amy and Sue are wonderful. They are easy going and make working \"together\" a positive and comfortable experience"

"Can come to our home. Large selection."

"As far as I can see the project is very well taken care of. The people are nice and helpful. They do an excellent job and we are happy to be involved with this project."

"The people, the toys, how helpful and kind everyone is. It is a wonderful project."

"(In response to Overall, Q's 3-5) Matthew and I have been working and we have always felt comfortable with each other."

"Along with the toys, allow parents to borrow catalogs too - ie. Enabling devices, task, etc. and maybe magazines like Exceptional Parent. Many don't know what already adapted products are out there."

"Everyone's great creativity in utilizing \"regular\" toys and stuff around the house and adapting it for a child with special needs."

"I miss you guys! I wish you could expand to include 3-5 year olds in CPSE! We'd pay to continue!"

"Increased communication between Let's Play and Physical/OT on regular basis."

"An excellent way to determine what developmental toys are most interesting to our son."

"It would be nice to continue working with Let's Play. When Caleb turned 3 years we had to end. It was so helpful to stay in touch with things that were developmentally appropriate. We miss them."

"The Let's Play staff worked with the goals of our therapist and the pediatrician as well. This was very helpful and comprehensive."

"I am completely satisfied with the Play Project. Allison was receiving toy library from another agency prior to UB, and UB (& Amy) has proven superior. We are very grateful that this service is available to us."

"New & interesting toys geared specifically towards Allison's developmental needs. Amy chooses toys that help to encourage Allison to practice movement that she may be reluctant to do otherwise."

"Amy's knowledge and experience combined with the wide selection of toys, equipment, and assistive devices available have made the Play Project a helpful compliment to her current therapy schedule and enhanced her motor and cognitive growth."

"The program has been very good for our family."

"It provides toys that you can't always find in stores that have helped our son's development."

"Rated Question 2 in the \"Overall\" section a \"3\" because I feel Stephanie has pretty much \"grown out\" of the project's toys. However, we really appreciate and use the PC programs and switches."

"Sue and Amy!! You both are so knowledgeable and helpful, not to mention so understanding and considerate when you are in our home."

"In regards to \"We were comfortable during the play session\" - sometimes gets too hectic! :)"

"There is nothing to improve. Everything was great."

"Amy & Sue were very helpful, informative and very nice."

"Sometimes the sessions last too long. An hour is appropriate, however they are usually 1-1.5 hours long. They can be quite exhausting for me and my child."

"The staff (Sue & Amy) are so knowledgeable and friendly. They really seem to like and care about my child."

"Haven't been in the \"toy room\" to see all that is available."

"I feel you are doing just fine. (Maybe you could get older toys)"

"1) When I asked for something, I got it. 2) My baby learns a lot faster and better with the toys that are brought in. 3) Some of the toys I can't afford so the Let's Play! Project helps me."

"Extend to school age children."

"The people that worked on the project - they were wonderful!"

"Have a picture book of all the toys & equipment available so we can see variety."

"Knowing what my child likes and don't like. Friendly people."

"1) Extend the age beyond age 3. 2) Self-promotion with parents and agencies. I wish I had heard of you much earlier. 3) A visit to the central library to choose toys would be nice."

"1) The toys and the staff are great. 2) How nice you come to the house!"

"Perhaps increasing the communication between other therapists. In Eric's situation I schedule his Let's Play! Project therapist Jennifer at the same time as his weekly OT visit."

"I can't praise your program enough! The therapists are knowledgeable and wonderful and the toys are Eric's favorites. Keep up the good work. I think my son has benefited a great deal from these visits."

"Set up 1 or 2 times in evening when parents are home so we're better able to give opinion and fill these questionnaires out."

"The toys are different and have sounds AND lights to stimulate interest."

"Will come to our home, realizing unlike doctors, it is not easy getting out with a multiply handicapped child."

"ie. No high tech communication device."   "A"

"Would be nice to form a play group for parents & kids. Would be real nice to expand to preschool!"

"Wonderful variety of toys! Friendly, helpful project staff. You've all been wonderful!"

"Don't think we talked a lot about what is going on. Totally, definitely, always, yes! We've always been real comfortable. Still unsure of assistive technology."

"There are so many things that were positive in our experience. One definitely was the staff. Sue & Shelly are great. Not only are they professional and knowledgeable, but personable! They enjoyed playing with Matthew and always included me, making me"
feel comfortable. They understand the importance of the family unit & always considered our needs as a family. They were also very creative! As a result of the Let's Play project, Matthew enjoyed many hours of great learning through play."

"Expand your inventory of toys. Puzzles especially."

"It's wonderful to have such knowledgeable people helping our child. You've given us very practical solutions to \"play problems\" and offer a unique perspective and approach to play. Very helpful!"

"Less time between visits."

"The people. It's nice to talk to people who know what they are talking about. They are always very upbeat and happy."

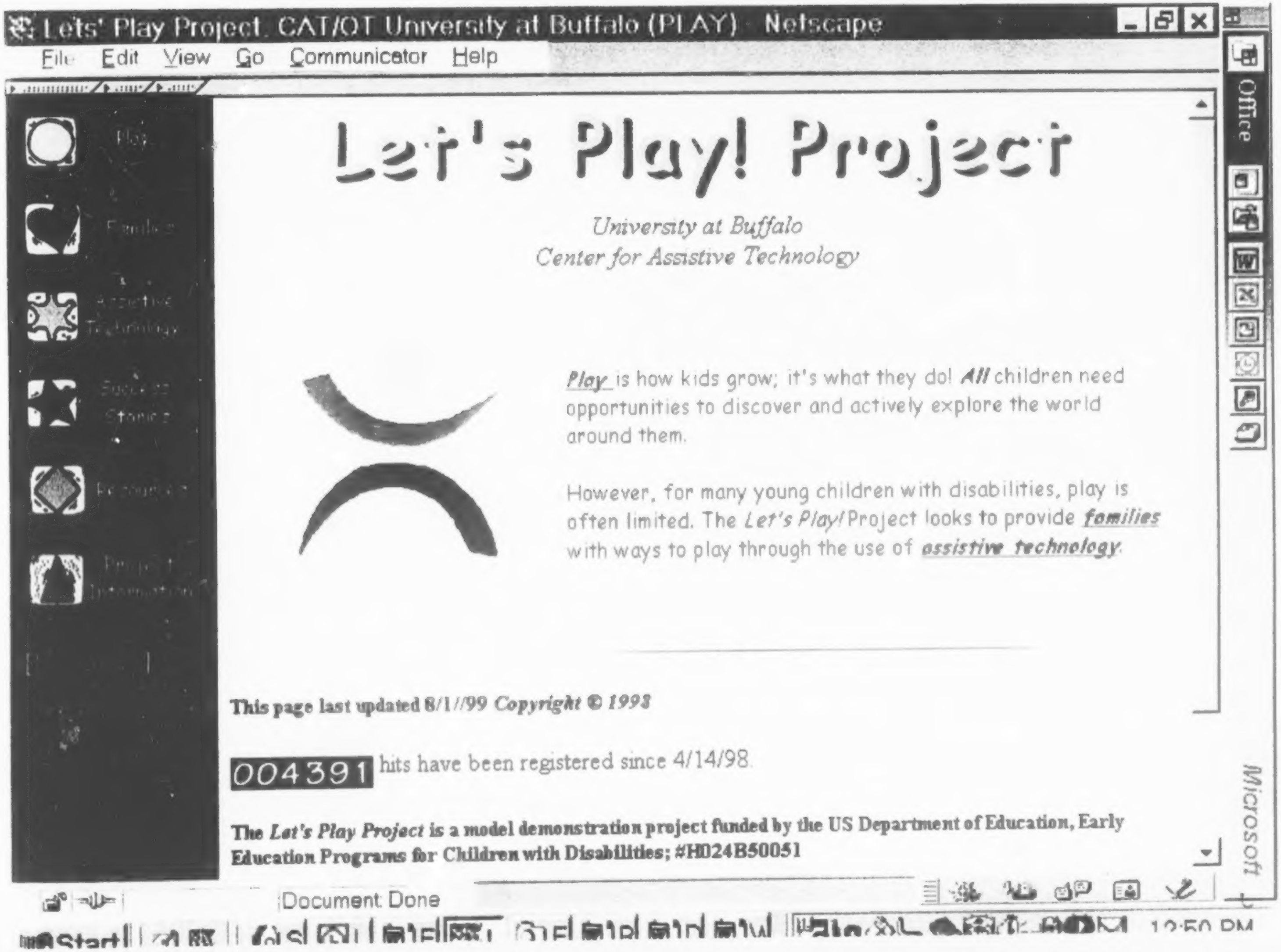
"Your staff is very friendly and considerate of our child's needs. It is great that you ware willing to come to our home when we are unable to get to your campus. Our son has really used the toys and other helpful items you have brought. It is encouraging and very helpful to learn from you about the options available to help our child play more safe and more often. Thank you all very much!"

"The project has been a big help to our family. I always find toys for Aric that he never plays with and at UB Aric seems to play more with toys. The toys have especially helped with his O.T. and special ed. I don't know what we would do without the project. Since we have started, we find that we play with Aric much more."

"I think it's been fine for my needs. Nothing I can think of off-hand."

"Variety of items to choose from. Flexibility of staff."

Let's Play Website: www.cosmos.ot.buffalo.edu/letsplay/



Let's Play! Project

University at Buffalo
Center for Assistive Technology

Play is how kids grow; it's what they do! ***All*** children need opportunities to discover and actively explore the world around them.

However, for many young children with disabilities, play is often limited. The *Let's Play!* Project looks to provide ***families*** with ways to play through the use of ***assistive technology***.

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Appendix B

Workshops & Agendas

Let's Play! Project Workshops and Presentations

(N= 62); Reaching 2967 Individuals

31 Local Community Workshops for Early Intervention professionals, students and parents (822 local EI service coordinators, agency administrators, service providers, students and parents)

Erie County Service Coordinators
Buffalo, NY
June 13, 1995
Let's Play! Project Referral Procedures
6 Service Coordinators

Niagara County Case Managers/ Service Coordinators
Niagara Falls, NY
November 9, 1995
Let's Play! Project Referral Procedures
9 Service Coordinators

DEC Pre-Conference Workshop
CEC Conference
Niagara Falls, NY
November 2, 1995
Let's Play! Assistive Technology in Early Intervention
6 EI professionals

Association for the Education of Young Children (AEYC) Conference
Buffalo, NY
May, 1996
Let's Play! Using Assistive Technology with Young Children
35 Early Childhood professionals and parents

Let's Play! Conference
UB Center for Tomorrow
June 14, 1996
125 EI professionals and parents

Niagara County Speech, Hearing and Language Center
Niagara Falls, NY
June 25, 1996
Assistive Technology in Early Intervention
12 speech/language pathologists

Buffalo Area Down Syndrome Network
Buffalo, NY
Nov. 13, 1996
AT Applications for Children and Their Families
15 parents of children with DS

Head Start of Niagara County
Niagara Falls, NY
January 16, 1997
Assistive Technology Use With Young Children
10 parents, teachers, administrators

OT Associates, Inc.
Buffalo, NY
January 20, 1997
Therapeutic use of Play
15 occupational therapists and 70 COTAs

Heritage Center- ARC
Kenmore, NY
January 31, 1997
Assistive Technology in Early Intervention
45 special educators, nurses, therapists

CBVH Workshop: Early Intervention
Buffalo, NY
May 21-22, 1997
Using Assistive Technology with Children with Visual Impairments
20 professionals and parents

Stanley Makowski Center
Buffalo, NY
June 26-27, 1997
NYS TFT: Assistive Technology in Early Intervention
20 EI professionals and parents

Erie County Early Intervention Program: 8 Workshops
Western New York
August-September, 1997
Selecting AT in Early Intervention: The Process
150 (approx.) Erie county service coordinators and EI professionals

Rainbow Preschool Center
Albion, NY
October 2, 1997
TFT: Assistive Technology in Early Intervention
25 administrators, EI professionals and parents

Galleria Community Room
Buffalo, NY
December 1, 1997
TFT: Selecting Toys for Your Child
20 service providers, service coordinators, and parents

Erie County Service Coordinators
Buffalo, NY
January, 19, 2000
Early Intervention AT service
50 service coordinators

Erie County LEICC
Children's Hospital of Buffalo
October, 1995
Let's Play! Project Outcomes
18 LEICC members and guests

Niagara County LEICC
Children's Hospital of buffalo
March 15, 1996
Let's Play! Project Outcomes
12 LEICC members and guests

Child Care Coalition of the Niagara Frontier, Inc.
Buffalo, NY
August 18, 1998
Developmentally Appropriate Practice for Children with Special Needs
22 child care professionals

State University College at Buffalo: Communications Hall
Buffalo, NY
April 23, 1998
Assistive Technology: Its Impact on Independence
65 pre- special educators

Children's Hospital of Buffalo: Early Childhood Program
Buffalo, NY
April 23, 1998
Family Centered Service Delivery in Early Intervention
50 staff members (OT, PT SLP, nurses, administrators)

Daemon College
Amherst, NY
December 2, 1998
Play and Therapy Using a Sensory Integrative Approach
30 OT/PT students

SUNY at Buffalo
Guest Lecture: OT 542
October 11-12, 1999
The Importance of Play in Early Intervention
50 pre-service OT students

Daemen College
November 3, 2000
AT in Early Intervention Programs
12 graduate education students

9 NY State Conferences and Workshops:
(520 EI professionals and parents)

Central NY DDSO
Rome, NY
May, 1996
Let's Play! Developmental Technology for Infants/Toddlers with Disabilities
110 professionals

NYS TRAID Project Training
Albany, NY
June, 1996
An Overview of the Early Intervention Program
Collaborating with EI Officials
Low and High Tech for Children with Disabilities
15 NYS TRAID Coordinators and staff

UCPA State Conference
Albany, NY
October, 1996
Let's Play! Assistive Technology in Early Intervention to Promote Play
75 special educators, therapists, administrators

NYS OT Association Conference
Rochester, NY
Nov. 8th, 1997
Therapeutic Use of Play
140 Occupational therapists and OT students

Interagency Training Institute
New York, NY
December 12, 1997
Using Assistive Technology with Young Children with Disabilities
15 EI professionals and parents

NYS TRAID Conference
Albany, NY
May 12, 1998
Assistive Technology to Promote Play in Young Children with Disabilities and their Families
40 professionals and parents

New York State Reading Association Conference
Saratoga Springs, NY
November 7-10, 1998
Making Software Accessible to ALL: Literacy and Adaptive Technologies
25 Elementary school professionals

NYS Public Health Association Annual Conference
Canandaigua, NY
June, 1997
Measuring Parent/Professional Interaction in Early Intervention
75 Public Health officials

NYSOTA Annual conference
Niagara Falls, NY
October 17, 1999
Using Assistive Technology to Promote Play in Infants and Toddlers
25 EI service providers (Occupational therapists)

22 National Conferences and Workshops: (1625 Professionals, students and parents)

TAM Conference
Austin, TX
January 12, 1996
Let's Play! Assistive Technology in Early Intervention
45 EI Professionals and parents

AOTA Conference
Chicago, IL
April, 1996
Let's Play! Using Technology with Infants and Toddlers with Disabilities
350 professionals

NEC*TAS Regional Meeting
Portland, OR
July, 1996
Assistive Technology
25 DOE project administrators

Closing the Gap Conference
Minneapolis, MN
October, 1996
Let's Play! Technology in Early Intervention
150 special educators, therapists, administrators

East Central Ohio SERRC
New Philadelphia, OH
October, 1996
Play and Assistive Technology
65 EI professionals

Gulf Coast Conference on Early Childhood
Point Clear, Alabama
May 28-30, 1997
Let's Play: Collaborating with Parents to Enhance Play
45 professionals

Assistive Technology Workshop
Richmond, VA
April 19, 1997
Technology Symposium for School Based Therapists
25 OT graduate students

Technology & Media Conference
San Jose, California
February 13-15, 1997
Let's Play! Assistive Technology in Early Intervention
The Next Step: Having FUN with Switches
50 special educators, therapists, administrators and higher education instructors

AOTA 1997 Conference
Orlando, FL
April, 1997
Measuring Family-Centered Service Delivery in Early Intervention
100 OTs and other related personnel

Gulf Coast Conference on Early Childhood
Point Clear, Alabama
May 28-30, 1997
Let's Play: Collaborating with Parents to Enhance Play
75 EI professionals

AOTA 1998 Conference
Baltimore, MD
April 3, 1998
Measuring Parent/Professional Interaction in Early Intervention
50 OTs

Technology and the Education of Children with Disabilities: Steppingstones to the 21st Century
Washington, DC
November 18, 1998

Technology Project Demonstrations on Capitol Hill: Let's Play! Project
150 participants

NAEYC
Toronto, Ontario .
November 18, 1998
Let's Play: Collaborating to Support and Facilitate Play Opportunities for Young Children with Disabilities
50 early childhood professionals

Zero to Three
Washington, DC
December 5, 1998
Family Collaboration: Promoting Play with Children with Disabilities
55 early childhood professionals

DEC International Conference
Chicago, IL
December 7, 1998
AT Research: Impact of AT Training on Inclusion
30 EI administrators and service providers; faculty, researchers

TAM Conference
Portland, OR
January 23, 1998
Including Families in Assistive Technology Decision Making
50 faculty, educators and related service personnel

OSERS
Let's Play! Project: A Service Model
Washington, DC
March, 1999
12 DOE participants

DEC National Conference
Washington DC
December 10-11, 1999
Using Toys as Instructional Tools: Applying Current Research to meet Special Needs
35 Early Educators and related personnel

TAM Conference
Milwaukee, WI
January 20-21, 2000
Using Technology to Promote Play in Infants and Toddlers with Disabilities
150 faculty, educators and related service personnel

OSEP & NEC*TAS National Meeting
January 30, 2000
AT for All Children: Screening, Assessment and Universal Design
20 parents, Part C and 619 coordinators, OSERS Project Directors

AOTA Annual Conference and Exposition
April 1, 2000
The Use of Goal Attainment Scaling as an Outcome Measure in Pediatric Practice
45 Occupational Therapists

8th Annual Kentucky Infant/Toddler Conference
July13, 2000
The Let's Play! Workshop
48 early intervention and preschool providers

International Conference:
(55 individuals)

Ireland Technology Conference
Dublin, Ireland
July 30, 1997
Using Technology with Children and Students with Disabilities
60 professors, administrators of Euro organizations, professionals working with individuals with disabilities, persons with disabilities

Let's Play Project

Assistive Technology/Play Liaison Workshop

Day 1 Agenda

INTRODUCTION	● Introduction: Workshop expectations, participants, "rules", and introduction activity.
OVERVIEW	● General overview of the Let's Play! Project model components.
WHY PLAY?	● Characteristics of play will be addressed and the importance of play to developing children will be reviewed.
PLAY IN CHILDREN WITH DISABILITIES	● The characteristics of play in children with disabilities as compared to their typically developing peers will be discussed.
BREAK	🕷 🕷 🕷 🕷 🕷 🕷 🕷
EMERGING PLAY STAGES	● A framework for looking at developing play abilities in children will be introduced. Information on what the child does at each stage and the typical play materials used will be shared.
CONSIDERING HOW WE USE PLAY	● The use of play as a therapeutic modality versus intervention to promote play and playfulness will be examined.
LUNCH	🕷 🕷 🕷 🕷 🕷 🕷 🕷
TOY CHARACTERISTICS	● We will look at characteristics of toys and play materials that support the developing child at each of the emerging play "stages".
POSITIONING OPTIONS	● Low technology options to support children in a variety of developmental positions will be demonstrated.
WRAP UP	● A review of the day's activities and a brief overview of what is to come in day two will be provided.

Let's Play Project

Assistive Technology/Play Liaison Workshop

Day Two Agenda

INTRODUCTION	• Questions and comments from day one will be addressed and the topics and activities for day two will be outlined.
FAMILY OUTCOMES AND MAKING THE MATCH	• Gathering family stated play outcomes for children and selecting AT/play materials that address these outcomes will be explored. Emphasis will be on "Making the Match".
ADAPTING TOYS	• Low technology options to aid in adapting toys for better access and enhanced interaction will be illustrated.
BREAK	
SWITCHES, TOYS AND COMMUNICATION AIDS	• Characteristics of switches and switch toys will be discussed. Pairing switches and switch toys to create playful scenarios will be explored as well as options to enhance communication in play.
LUNCH	
ORDERING INVENTORY	• Workshop participants will identify items to be purchased for the Monroe County Play & Assistive Technology Lending Library.
WRAP UP	• The day's activities will be discussed and the agenda for the next workshop will be reviewed.

Play and Assistive Technology Liaison Training

Day 3 Agenda

INTRODUCTION	Review of what has been done since last meeting and introduction of information to be covered in this session.
MISSION AND MODEL	The mission and purpose of the Rochester Assistive Technology/Play Service will be discussed: What It Is and What It Is Not. Role of AT/Play Liaison discussed.
INITIATION OF AT SERVICE	The process from receiving a referral for services to the initial AT/play session will be covered. Gathering background information from the family including family stated play outcomes, and selecting AT options to meet them will be covered. Forms to be used for gathering this information as well as forms for family participation in the service will be reviewed.
PREPARING FOR AT PLAY SERVICE	A typical AT/play session will be viewed. Strategies to present play and AT items to the child and family will be covered. Additionally, guidelines for family selection and use of items and the completion of documentation will be presented.
ONGOING SERVICE	The process for providing ongoing services to families will be discussed. Frequency of visits, exchange of play materials, follow-up with family will be presented. Forms for documenting this information will be shared.
BREAK	
THE PROCESS	The focus here is on the referral and service process; how the service is included on the IFSP: stating outcomes, method and type of services, identifying AT/Play Liaison provider. Maintaining child/family records, forms and follow-up procedures.
DATA COLLECTION	Data regarding the impact of the AT/play service on families is necessary for the Let's Play! project as well as for continued refinement of the AT Services. Reporting activities will be discussed and relevant forms reviewed.
INVENTORY	The ordering, storage, maintenance/replacement and tracking of all inventory items will be discussed. Current library inventory will be reviewed. Forms and systems that address these issues will be shared.
WRAP UP	A synopsis of the service process will be presented. An action plan and time line for the development and implementation of the process will be created.

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Appendix C

Library Inventory

Play Materials Inventory

Toy Name	*Manufacturer*
(BROKEN) Super Sorter - Talkin	V Tech
(REMOVE FROM DATABASE)	Evenflo
1,2,3 Discover A,B,C	Gerber
Accordion	Battat, Inc.
Activity Arch (crib)	The Maya Group, Inc
Activity Gym (Musical Lights 'n S	Fisher Price
Activity Links Gym	Battat
Activity Links Gym, A,B,C,D	Fisher Price
Activity Table	Fisher Price
Aerosaurus	Child Guidance (Azrak Hamway I
Airplane - Bumble Ball Plane	Ertl
Airplane - Pop- Up Pilot	Shelcore
Alligator - Crackly Al	Kids II, Inc.
Alligator Flashlight	?
Alligator Switch Toy	Donated
All-in-One Band	Discovery Toys
Animal Fun Train (magnetic)	Playwell Toys
Animals - Zoo Squeezie Scrambl	Alpi International, Ltd.
Apple - Threading Apple & Wor	Kid Classics / Learning Curve
Apron and Potholder	Fisher Price
Aquarium (Musical, Bubbling) (A	Mattel
Baby Smartronics(Cookie Shape	Fisher-Price
Baby Walk Fun Mat	Kool Toyz
Bag - Mesh Lingerie Bag	Target
Bags - Carry-all Bags for Evaluat	L.L. Bean
Bags (Carry all Bags for Evaluato	Old Navy
Bags-Old Navy (10)	Old Navey

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Toy Name	*Manufacturer*
Ball - Bigens (Yellow) Extra Larg	Sport Fun, Inc.
Ball - Build a Ball	Shelcore, Inc
Ball - Clear w/butterflies	
Ball - Large Blue Therapy Ball	Gymnic
Ball - Magic Chime	Primetime Playthings
Ball - Squee Gee - A,B	Toy Concepts
Ball - Wiggly Giggly (bright green	HandsOn Toys
Ball (Wobbly Fun)	Fisher Price
Ball Clear w/Kitty	
Ball Factory Machine	D.Y. Toy
Ball Party (Ball Around Tower)	TOMY
Ball Party (Drop n' Catch) (3 colo	TOMY
Ball Party (Pull n Pop Dome)	Tomy
Ball party connecting bridge	TOMY
Ball Pit (Ruff 'n Tumble)	Hedstrom
Ball Tower - Fascination Station	Discovery Toys
Ball w/Streamers	
Balls - Flying Feet with Sound (3)	Maui Toys, Inc
Balls for Ball Pit	Hedstrom
Bananas in Pajamas	Tomy
Band - Touch & Sound Band (Se	Mattel
Band Wagon, A,B	Smart Steps
Barney Inflatable Toy	The Lyons Group
Barney's Animal Keyboard, A,B	Playskool
Basketball Net	Fisher Price
Bath - Bathworks Connecting Tu	Sassy
Bath - Block Party (Foam Blocks	Discovery Toys
Bath - Fish n' Net Squirters	Target
Bath - Four Water Activities	Ambi Toys
Bath - TubFun Town	Edushape

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Toy Name	*Manufacturer*
Bath (Sassy) Tube 'n Fish	Sassy
Bath Blocks	Shelcore
Bath Buddies	Battat
Bathassage	Astron Cosmetics
Bathtime Village	Kids II, Inc
Bead Chain - Crawl Through	Enabling Devices
Bead Mazes (Beginning)	Anatex Enterprises
Bead Sorter	Child Guidance Toy
Beads - Dazzling 72" Necklace (	FunRise
Beads - Jumbo Lacing	Holgate Toy Company
Beads - Snap-Lock	Fisher Price
Bean Bags (10)	
Bear - Baby Biff Bear	Iwaya
Bear (ActionTed)	Ambi Toys
Bear Super Star	McCrory
Bears - Roly Poly Bears	Tomy
Beaver - Bucky Beaver	Iwaya Corporation
Bedbugs - Pounding Bedbugs	Playskool
Bee - Bob-bee Bee	Pappa Geppetto's Toys
Bell Balls (2)	
Bells (Velcro Wrist)	
Bells Around	Enabling Devices
Bench - Jumbo Pounding	Plan Toys
Bert and Ernie Bump and Go	Tyco
Big Bird - Musical	Tyco
Big Bird (Baby) Ring Stacker	Tyco
Big Bird Bumpercar	Illco
Big Bird Roll Back Wheel	Tyco
Big Bird Story Magic	Tyco
Big Bird Talking Toy	Tyco

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Toy Name	*Manufacturer*
Big Wheels	Empire Toys
Big Wheels (with detachable han	Fisher Price
Bird - Earl E. Bird	EarlyYears
Bird Boinger	North American Bear Co., Inc.
Bird Puppet (Looney Bird)	The Manhattan Toy Co.
Birdseed/Utencils	
Blocks - Baby Brite	Jolly Toys
Blocks - Baby Soft Blocks	Mega Bloks
Blocks - Stack & Build (Chicken/	Fisher Price
Blocks - Wooden Colored	
Book - A Funny Alphabet	Xavier Society for the Blind
Book - Spot on the Farm	G.P. Putnam's Sons
Boomerings	Discovery Toys
Bottles (Baby Milk and Juice)	Imperial
Bouncing Billy	Tomy
Bowling Set (Plastic)	
Bowls - Activity Bowls	Fisher Price
Bracelets (water/glitter) 4	
Bricks - Cardboard	Chime Time
Bricks (Large cardboard bricks)	Constructive Playthings
BROKEN - Piano Animal Playm	Battat
BROKEN - Dog - Lovely Puppy	Action Toys
BROKEN - Golden Books Sound	Golden Books
BROKEN - Piano (Lights 'n Sou	Fisher Price
Brontosaurus Peek 'n Play	Playskool
Bubble Bear	TaiWay (Shing Kee) Toys Co., Lt
Bubble Blower (Super)	FunRise Toy Corp
Bubble Honey Bear	FunRise Toy Corp.
Bubble Machine (Big)	Fisher Price
Bubble Mug	Little Kids, Inc.

Toy Name	*Manufacturer*
Bubble Tumblers (3 Mini)	Little Kids, Inc.
Bubbles Refill in a Tube	Toy Originators, Inc.
Bucket & Doctor Box	Playskool
Bucket of Blocks	PlayTech
Bug - Dancin' Jitter Bug	Fisher Price
Bug - Scooter Bug	ToysRUs
Bumble Ball - Mini	ToysRUs
Bumble Ball - Wipe Out Bouncin	Scientific Toys, Ltd. (SNT Electr
Bumble Ball Bright (lights)	Ertl
Bumble Ball Buddy	Ertl
Bunny - Roller Pop-Up	Fisher Price
Bus - Bounching Buddies Bus	Sassy
Busy Box - Singin' Wigglin' Funh	Fisher Price
Butterfly Boinger	North American Bear Co., Inc.
Buttons	Playskool
Car - Bump & Crash SUV (lime	
Car - My First Buddy (2)	Buddy L. Corp.
Car - Rolling Wheels	Battat
Carousel Top	Fisher Price
Cash Register	Playskool
Castle Bucket (6 Piece Sand Toy	Geoffrey, Inc.
Cat - Awesome Tossems	Playskool
Cat - Roll Along Pet	Shelcore
Caterpillar - Giant	
Caterpillar (musical wiggle waggl	Child Guidance
CD Player	TOMY
Chair, Busy Box Play Chair	Fisher Price
Chalk Rolling Writer	Fisher Price
Cheese - Threading Cheese & M	Kid Classics / Learning Curve
Chicco Ball	Giocattoli Sicuri (Italy)

Toy Name	*Manufacturer*
Chicken - Crazy Chicken	CAF
Choo Choo Chimer	Discovery Toys
Choo Choo Train (Radio Controll	Tandy Corporation
Chuffa Puffa	Tomy
Clay - Crayola Model Magic	Hammett's
Climbing Cube	
Coconut Band (Mr. Oh-Hu & Dru	Metro
Compact Activity Center	Enabling Devices
Cones - Angel Cones - Decoupa	Artifacts, Inc.
Cook 'n Play Pot	Playskool
Cookie Jar	Fisher Price
Cow - Roly Poly, The Friendly Ca	Iwaya Corpotation
Cow - Soft Rocking	Little Tikes
Cow w/Moon Mirror Rattle	Fisher Price
Crawl-Along - Musical	Shelcore
Crayola Glue Stick	Binney & Smith (Crayola)
Crayola Model Magic (Modeling	Binney & Smith (Crayola)
Crayons - Scented	Crayola (Binney & Smith)
Crib Discovery Box	Idea,I Inc.
Cups - Grow with me	Gerber
Cups - Sassy Stacking Cups	Sassy
Cushion (Large soft colorful fish)	The Children's Factory
Cushions (Large, soft, colorful s	The Children's Factory
Cymbals	
Dalmation - Soft Walkin' Pet	Tonka
Dice (Educational Soft Dice)	Let's Learn Educational Toys, In
Diesel Hustler	Bachmann
Dino - Baby Brontosaurus	Iwaya
Dino - Baby Triceratops (Battery	Iwaya Corp. (Boley)
Dino - Stuffed Baby Dino	Fisher Price

Toy Name	*Manufacturer*
Dino - Stuffed Brontasaurus (2)	GAF
Dino - Stuffed T-Rex	GAF
Discovery Pal	Kids II
Dishes (Playtime Pantry)	TJ Maxx
Disk Stacker	The First Years
Disney - Inflatable Log	Mattel
Disney Big Top Sort-N-Pop	Mattel
Disney Bubble Extinguisher	Mattel
Disney Busy Box (2, 1 adapted)	Playskool
Disney Flip Phone	Mattel
Disney Lights-Go-Round A,B,C,	Mattel
Disney Magic Mirror	Mattel
Disney Roly Poly Friends	Mattel
Disney Shapes 'n Songs - Grow	Mattel
Disney TV TOSSED	Mattel
Doctor/Medical Kit	Fisher Price
Dog - Stuffed	Dandee Int'l Limited
Dog (Brown)	Jamina
Dog (White)	
Doll Clothes and Blanket	Marine
Doll House - Little People House	Fisher Price
Dolly	Well Made Toy Mfg. Corp
Dolphin - Baby Dolphin	SeaWorld
Dome Alone	Enabling Devices & Toys for Spe
Doodle Table	Fisher Price
Doodler (Flip Top Dry Marker Bo	Fisher Price
Dress and Dream (play clothes)	Fisher Price
Driver - Sounds Around	Playskool
Driving School - Little Smart	V Tech
Drum - Mini Lollipop Drum (2)	Remo, Inc

Toy Name	*Manufacturer*
Feltkids Dinosaurs	Feltkids
Feltkids farm	Feltkids
Feltkids felt board	Feltkids
Feltkids insects	FeltKids
Fill & Dump Bottle	Gerber Products
Finger Crayons	Battat
Fire Chief Engine	Tandy Corporation
Fire Truck - Touch & Play	Child Guidance
Fire Truck - Voice Powered	Royal Condor
Fireman & Ladder	Toys For Special Children
First Words	V Tech
First Words Plus	V Tech Little Smart
Fish Bowl, My First...	Learning Curve
Fishing Set	Little Tikes
Fitting Friends	Smart Steps (Play-Tech Inc.)
Flashlight	Playskool
Floam Bucket	Mattel
Floor Spinner	Primetime Playthings
Foam Letters and Numbers	
Food (Assorted Plastic)	Fisher Price
Food: Velcro Fruits & Vegetable	Battat, Inc
Food: Wooden velcro vegetable	Simplex
Fun Kit	The Ohio Art Company
Fun Sounds, Train & Radio	Shelcore
Funnoddle Connector (2)	Kidpower
Funny-Side Up	Play Tech - Smart Steps
Garage - Little People	Fisher Price
Garden Tool Set	Battat
Gear Musical Activity Center	ToysRUs
Gearation Amusement Park	TOMY

Toy Name	*Manufacturer*
Gearation, AB	TOMY
Gertie (Ultra/Swirly (4)	Small World Toys
Gertie Balls (6)	Small World Toys
Gertie Football (Hurlie Gertie)	Small World Toys
Gertie Knobby	Small World Toys
Giraffe - G.G. Giraffe	Iwaya Corporation
Giraffe - Rockin' Walker Giraffe	Child Guidance
Glitter Go Round	Playskool
Gorilla (Macarena)	
Grocery Cart	Playskool
Grocery Cart (Target)	The Step 2 Company
Gym - overhead gym	
Gym - Overhead Sparkling Symp	Fisher Price
Gyrascope (Lights)	
Hammer & Nails Bench	Playskool
Happy Child	Discovery Toys
Happy Crane Construction	Fisher Price
Hat - Fire Chief's Hat	
Hat - Train Engineer	J Hats
Hat - Viking's Hat	
Hershey's Teddy Bear	Acme
Hertz Truck	Gay Toys
Hide Inside, A,B	Discovery Toys
Hippo - Remote Control	Nikko
Horn (Bike)	Bikextras (Cycle Products Co.)
Horn (Bike)	Fisher Price
Horse (Brown)	Jamina
Horse Ride-on Toy	Today's Kid
Hot Rod - Lil' Steps	Steven Mfg. Co.
Hula Hoop	Wham-O

Toy Name	*Manufacturer*
Hungry Birds	Redbox
Husky & Sleigh	Metro / Crestwood Company
Inflatable Horse	
Inflatable Log	Playskool
Inflatable School Bus	Kid Dimension, Inc. (The Lyons
Insultinator	HRM
Jack in the Box (Push 'n Pop Ma	Learning Curve (Lamaze Infant D
Jack in the Box (Teddy Bear - m	Fisher Price
Jack-in-the-Box	Mattel
Jack-in-the-box - Musical	Tyco
Jolly Jumbo	TOMY
Kaleidoscope for Baby	Gerber
Key Ring (Car Alarm)	Playskool
Keyboard - Create-a-Song (Pres	Playskool
Keyboard - Electronic	DSI
Keyboard - Fun Music Maker	Megcos Toys
Keyboard - My Song-Maker	
Keyboard - Talking Animal (3)	Playskool
Keys - Activity Keys	Fisher Price
Keys - Bear Keys	
Keys - Drive & Drool Keys & Link	Sassy
King Climber	Crestwood Co.
Kitchen - Water Magic	ToysRUs
Kitchen (Large Playset)	Little Tikes
Kitten - Petite	Takara
Kitty - Playtime	Tyco Industries
Knobbed Puzzle	
Koosh - Loony Toons (2)	OddzOn Products, Inc.
Koosh - Loop Koosh	OddzOn, Inc.
Koosh (Big) (12)	Oddz-On

Toy Name	*Manufacturer*
Koosh (Sesame Street) A,B	Big Lots
Koosh (Small) (6)	
Ladybug (Dotty)	Janina Brand Toys
Lamb Switch Toy (Fleece - walki	Donated
Laptop (Lights 'n Surprise Sound	Playskool
Laughing - Chuckling Charlie	TOMY
Leather Bean Bag Monkeys & Fr	Sportime Int'l.
Leggy Larry - Chiming Octopus	Jolly Toys
Lego Preschool Building Block S	Lego
Lego Primo Caterpillar	Lego Systems, Inc.
Lego Storage Organizer	
Lego Table (for Lego Blocks)	Brik Toys
Light - Twinkle Rainbow/Disco Li	
Light Show Lullaby	Tomy
Links - Fun Links	Kids II
Links - Kiddie Links	Playskool
Links - Sassy	Sassy
Links - Sassy Lively Links on Rin	Sassy
Lion - Juggling Lion soft teether	Fisher Price
Lion Animal Family	Fisher Price
Lucky Ducks	Milton Bradley
Magic Lights (Little Smart)(3)	ToysRUs
Magic Maze	Play Hut
Magna Doodle	Fisher Price
Magna Doodle Deluxe Set (Dam	TYCO
Magna Doodle for Baby	Fisher Price
Magnet - Big Magnet	FunTime
Magnet Blocks with Bucket	Hilco Corporation
Magnet Board - The original Stic	Peter Parker
Magnetic Activity Kit	Huntar Company, Inc.

Toy Name	*Manufacturer*
Magnetic Building Blocks	Fun-Years
Magnetic Objects (A-Z)	Playskool
Magnets - Animals /Velcro (3)	
Magnets (Activity Food) 3	Fisher Price
Magnets (Picture Frame Vehicle	Fisher Price
Mailbox (Standing)	Step 2 Corporation
Maracas	Halilit Export
Maracas (Purple-Red/Black Sha	Halilit Export
Maracas (Red & Blue Shakers) (	Halilit Export
Markers - Scented	Crayola (Binney & Smith)
Markers - Wipeoffs	Binney & Smith (Crayola)
Massage Mate	Windmere
Mat - 1-2-3 Discovery Lane (A,B)	Tiny Love
Mat - Farm Animals	Charlie
Mat - First Steps Mat	Berchet (superjouet)
Mat - Pat Mat (water creatures)	Rainbow Mountain, Inc.
Matt - Farmland Music Hall	Charlie Toys
Measure Up (stacking cups)	Discovery Toys
Merry Go Round Educational Blo	Chicco Modo
Mickey Mouse (Baby Touch 'n Cr	Mattel
Microscope w/CD ROM	Comp USA
Milk Bottle (w/Moo Sound)	Fisher Price
Mini Dome (Little Dome Alone)	Enabling Devices Toys For Spec
Mirror - Big View	Fisher Price
Mirror - Chiming Mirror	Earlyears
Mirror - IQ Baby Mirror Mirror	Learningsmith
Mirror - Light Blue Cloth w/stars	Infantino, Inc.
Mirror - Rolling Reflections, A,B	Discovery Toys
Mirror - Sparkling Symphony	ToysRUs
Mirror - Triangle soft mirror A,B	Learning Curve Toys

Toy Name	*Manufacturer*
Mirror (for crib)	Battat
Mirror (Peek & Play)	Kids II
Mirror (Touch 'n Light)	V Tech Smart Play
Mirror Mirror (24" x 24") A,B	
Mitton Puppets / Rattles	Battat Baby
Mother Lion and Cub	Dandee Int'l Limited
Motorcycle (Ride-On)	Little Tykes
Motorcycles	
Mr. Potato Head - Inflatable	Playskool
Mr. Potato Head (Soft Stuff)	Playskool
Mr. Potato Head Bubble Fun	OddzOn (Koosh)
Mr. Potato Head Magnets	Playskool
Mr. Potato Head Massager	Homedics
Mr. Potato Head Silly Suitcase	Target
Mr. Whoozit	Hoopla by Andre'
Multisensory Activity Center	Toys for Special Children
Muppet Babies Showboat	Playmates
Mushy Movers	Supertoys USA, Inc.
Music Box - Kouvalias (colored b	A. Kouvalias S.A. (Greece)
Music Roller	Fisher Price
Musical Instruments (3)	Kmart
Musical Instruments (4 Piece)	Dayton Hudson Corp.
Musical Mini Orchestra Rhythm	Rhythm Pals, Ltd.
Musical Rolling Pin	Enabling Devices
Nite Lights (2 stars and 1 moon)	Infantino
Nursery Rhymes - Touch & Play	Child Guidance
Olive Oyl	Toy Toons
Organizer (orange/yellow/green)	Ikea
Overhead Kick Start Gym	KB Toys
Paint Brushes (1 Red & 1 Yellow	

Toy Name	*Manufacturer*
Painting Wands - Crayola	Binney & Smith (Crayola)
Paper Trimmer	Fiskars
Pat the Cat Book	A Golden Book (Western Publis
Peanut - Nutty Dancers	Takara Co., Ltd.
Peek-In Roller	Shelcore
Peg Board Mat	
Pegboard - Giant	Discovery Toys
Pegboard and Pegs (Big)	Discovery Toys
Pegboards - Mini Motors	Lauri
Pegboards - Tall Stacker Set	Lauri
Pegs & Board - Easy Grip	
Pen (Dizzy Doodler) (4)	Enghan (Prime Time Int'l)
Pen (Dizzy Doodler) (8)	Prime Time Toys, Ltd.
Penguin, Pollyanna	Metro / Crestwood Company
Penguins - Bathtime	Adica Pongo, Inc.
Penguins - Playful	Dah Yang Toy Industrial Co.
People - Clown, Raincoat, bear,	Fisher Price
People - Hospital Friends (6 + w	Fisher Price
Pet Shop (Touch 'n Sound)	KB Toys
Phone - Buttons 'n Bells	Fisher Price
Phone - Little Smart Play Phone	V Tech
Phone - Ring 'n Rattle Phone	Fisher Price
Phone - Small Talk	V Tech
Phone - Talking Pay Phone	Playskool
Phone (Baby Bear)	V Tech
Phone (Magic Message)	Gerber
Phone, Animal Sounds	Playskool
Photo Book - My First Photo Alb	Smart Start
Photo-Go-Round	Fisher Price
Physio Ball	

Toy Name	*Manufacturer*
Piano - Kick & Play Crib Piano	Fisher Price
Piano - Poppin' Piano	Playskool
Piano - Rock 'n Roll	Wink'n Blink'n & Nod
Piano & Animal Playmat (Musical	Battat, Inc.
Piano (Light 'n Learn Grand Pian	Playskool
Piano, Little Smart Baby Tunes	V Tech
Piano-Fun (Pochahontas)	Hal Leonard Corporation
Pick 'n Pull (Fidgiter) A,B	TOMY
Picture Frames (Talking/Recordi	Tandy Corp.
Pig - My Pet Piggy (Hard)	Crestwood Co
Pig - Pudgy A,B, C	Iwaya
Pig - Soft Walkin' Pet	Tonka
Pigs 3 - Talking Storytime Sorter	Learning Path/ Texas Instrument
Ping Pong Balls with Coffee Can	
Play by Light Piano	TOMY
Play Center (Crawl 'n Climb)	Today's Kids
Play Mat	
Play-Doh (red,yellow,blue,white)	Playskool
Playground - Roll Around Playgr	Fisher Price
Playtime Rhymes (4 a-d)	Discovery Toys
Polar Bear Animal Family	Fisher Price
Police Car - Preschool Radio Co	Playskool
Pom Pom (Miss America) A,B,C,	Slinky (James Industry)
Pony - Pull Along (musical)	Child Guidance
Pony - Ride On	Little Tikes
Pool - My First (inflatable) (3)	Kmart
Pool (Small) A,B	General Foam Plastics
Pop Corn Popper (push toy)	Fisher Price
Pop up Pete	TOMY
Pop Up Pets	Shelcore

Toy Name	*Manufacturer*
Pop-Up Farm	Fisher-Price
Pop-up Music Man	Battat Inc.
Pop-Up Toy (Wooden Men)	Galt Toys
Pound 'n Play (faces on balls) (2)	International Playthings, Inc. (ear
Pound-a-Ball	Small World Toys
Pound-a-Shape	Kidsmart
Pounding Board w/ Hammer	Brio
Press & Peek	Playskool
Press-N-Play Ball - Talking Little	V Tech
Puppets (pig, dog, tiger)	
Push Chime	Fisher-Price
Push 'n Go Airplane	Tomy
Puzzle - 3 Piece	Fisher Price
Puzzle - 3 Piece	Fisher Price
Puzzle - Geometric Wooden (5 p	Guidecraft USA
Puzzle - Knobbed Animals (2)	Doron Layeled Ltd.
Puzzle - Knobbed Set (4/5t.)(3)	Doron Layeled Ltd.
Puzzle - Numbers Foam Puzzle	K Mart
Puzzle - Wooden Blues Clues	Learning Curve
Quilt - Playhouse for Baby	Fisher price
Rabbit - Robbie Rabbit	Iwaya
Race Car (Ride-On)	Playskool
Race Cars - Go Cars (2)	Discovery Toys
Race cars - Spiral Speedway	ToysRUs
Racoon & Ball	D.Y. Toy Co.
Radio - Rockin' Radio	Playskool
Radio (soft) Baby Twinkle Tunes	Child Guidance
Raffi Singable Songs (tape)	Toubadour Records Ltd.
Rainstick - Small rattle	
Rainstick (large) RainboMaker	Halilit Export

Toy Name	*Manufacturer*
Rattle (pink heart)	
Rattle (Red, Blue w/Bell)	
Rattle (Sassy) Circle (Rings on	Sassy
Rattle (Sassy) Fascination Statio	Sassy
Rattle (Sassy) Smiley Face (2)	Sassy
Rattle (Twirly Wheely)	Fisher Price
Rattle (white w/balls)	
Rattle (Wrist)	Eden
Rattle Ring	Fisher Price
Rattle/Teether - Red Checked A	Kids II, Inc.
RattleBalls (Ring of Colored Ball	Ambi
Rhythm Chimes (and the beat go	
Ride-On Car/Rocker/Walker	Favre
Rings - (Sassy) Stacking Circus	Sassy
Rings - Dunk & Clunk Circus Rin	Sassy Toys for Baby
Rings - Stacking Rings	Learning Curve Toys (Lamaza In
Rings & Rollers (Stacking)	Battat
Robie the Banker	Tandy Corporation
Robie the Robot	Tandy Corporation
Rocking Horse (Wooden)	Discovery Toys
Rocking Rody Rider	Ledraplastic (Italy)
Roll & Bowl	Discovery Toys
Roller	Fisher Price
Rooster - Awesome Tossems	Playskool
Safari Activity Block (Searchin' S	Kids II
Sand & Water Toys	Battat, Inc
Sand Pail (Arthur)	More Fun From Schylling
Sassy - Busy Bead Bird Rattle	Sassy
Sassy - Link a Lots (Lime green	Sassy
Sassy - Photo Book	Sassy

Toy Name	*Manufacturer*
Sassy - Tote and Tinker Activity	Target
School Bus - Roll-A-Round	Fisher Price
Scissors - My First Scissors	Fiskars
Scooter Board (Motorized)	Enabling Devices
Seal - Baby Seal	B.J. Toy Co., Inc.
See 'n Say - Lullaby Lights Mirror	Mattel
See 'n Say (Touch & Sound Ban	KB Toys
See 'n Say (Touch & Sound Far	Mattel
See-N-Say - Farmer	Mattel
Sesame Street - Elmo's Talking	Tyco
Sesame Street - Musical Rocker	
Sesame Street All Star Band	Golden
Sesame Street Baby Play Gym	Tyco Preschool
Sesame Street Jukebox	Tyco
Sesame Street Punching Bag	PlaySkool
Sesame Street Roller Ride	Illco
Sesame Street Silly Songs (tape)	Sony Corp.
Shape Sorter - Happy Shapes A	TOMY
Shape Sorter/Stacking Cups	TJ Maxx
Shapes & Sounds Sorter	
Shapes and Pegboard	Fisher Price
Shapes and Rods (Plastic)	Fisher Price
Sidewalk Chalk w/Bucket (2)	Pentech
Sights & Sounds Farm Animal P	Battat, Inc.
Silo and Farm Animals	Fisher Price
Sing 'n Smile Pals - Little Smart	V Tech
Skwish	Papa Geppetto's Toys Victoria Lt
Skwish (Bungeeball)	Pappa Gepetto's Toys Victoria Lt
Skwish (Rattle Ball), A,B	Papa Geppetto's Toys Victoria Lt
Skwish (Winkel)	Papa Gepetto's Toys Victoria Ltd

Toy Name	*Manufacturer*
Skwish Rattle	
Slinky	James Industries, Inc.
Slinky Jr.	James Industries
Slinky Jr. (Magic Spring) A,B,C	Rite Aid Corporation
Smart Sam the Talking Bear	H.Y. International
Sock Whoozit (slipper socks)	Hoopla
Soft Walkin' Wheels	Tonka
Sort 'n Go Car - Little Smart(2)	V Tech
Sorting Rings (Size & Color)	Lakeshore
Sound Puzzle Box	Battat, Inc.
Sound Recognition Tubes (wood	t.c. timber / Habermaas Corporat
Spin & Go Lights (Little Smart)	V Tech
Spinning Top (Giant Ride In)	Equipment Shop
Sponges - Painting Sponges	Binney & Smith (Crayola)
Spring-a-Ling	Educo International, Inc.
Squirtees Water Animals (12)	Shelcore
Squishes (3)	Pappa Geppetto's Toys Victoria
Stack & Pop	Discovery Toys
Stacking - Happy Stack AB	TOMY
Stamps - Crayola Stamp n Stack	Hammett's
Stand-Up Man	Parents Child Development Toys
Starfish (teether/rattle)	The First Years
Stars (assembled structure)	Gil Toys
Stars (Dish and Spoon)	Fisher Price
Steering Wheel - Sounds 'n Vibe	
Sticks - Red Music Sticks	Halilit Export
Stools (blue plastic) (2)	Ikea
Stop-N-Go Firetruck	TOMY
Stop-N-Go Police Car	TOMY
Strike Up The Band	Discovery Toys

Toy Name	*Manufacturer*
Tambourine (Monkey Bambina)	Zen-On Music Co.. Ltd.
Tangiball	Discovery Toys
Tape Measure (My Big)	Battat, Inc.
Tape Player	Playskool
Tape Player - Crayola	Binney & Smith (Crayola)
Tape Player - Tune-a-Fish Sing-	Kool Toyz
Tape Player (First Touch), A,B (	Fisher Price
Tape Player (Sing a Long)	Geoffrey, Inc.
Tape Player, A,B	Fisher Price
Teddy Bear	Kids Corp of America Corp.
Teddy Touch & Tell	Texas Instruments
Teether - Curly Coil	The First Years
Teether (Bumpy-Purple ring)	
Teether (Foot)	
Teether (massaging action) A	The First Years
Teether (Yellow Hand)	
Teether Gummy Yummy (red)	Discovery Toys
Teether w/Basketball, Football	Safety 1st
Tent - Hide Away	Play Hut
Terra-Pot (Large Plastic Tray)	
Thera-Pet's	Thera-Pillow
Therapy Putty (Red and Blue)	
Toddler Rhythm Band	Israel
Toilet Targets (Piddlers)	Silly Goose
Tonka Workshop	Comp USA
Tool Bench	Step 2 Corporation
Tool Box	Fisher Price
Tool Set	TJ Maxx
Tools (Hammer - 2, Ruler)	Little Tikes
Top - Spinning Balls (bear)	Battat, Inc

Toy Name	*Manufacturer*
Touch and Tell	Texas Instruments
Tow Truck - Roadworks	Ambi Toys
Town - Roll Around Action Town	Fisher Price
Train - Disney Ball Poppin'	Mattel
Train - Drop 'n Go Choo-Choo (4	Tonka
Train - Li'l Loco (Light n Sound)	Tandy Corporation
Train - My 1st Pull'n Go Train	TOMY Preschool
Train - Puff & Pop Loco	Discovery Toys
Train - Tuneyville Choo Choo	TOMY
Train (Pop-up) A,B	Play Tech
Train (Spin About)	Playskool
Train 0 My 1st Pull 'n Go Train	Tomy Preschool
Tricycle (Red/Blue/Yellow)	Kiddi-o
Truck - Press 'n Go Monster Tru	Gerber
Truck - Soft Walkin' Shakers	Tonka
Trucks	Fisher Price
Tub - Cuddle Tub	Century Products Co
Tub Blocks	Block Builders / Geoffrey, Inc.
Tub Boat	Tyco Toddler
Tube with Matchbox Car	
Tubes - Rapper Snapper (9)	Flaghouse
Tubs - Color Sorting	
Tumble and Twirl suction toy	The First Years (Kiddie Products
Tunnel - Crawl Through	Toys-R-Us
Tunnel - Red Crawl Thru	Murmel
Tunnel - See-Me Connecting (Ne	Pacific Play Tents
Tunnel (clear) The Fun Tube	Pacific Play Tents
Tunnel of Fun	
Tunnel, Peek-a-boo Activity Tun	Little Tikes
Turbo Choppers	Tandy Corporation

Toy Name	*Manufacturer*
Turtle - Sound & Light Turtle	Child Guidance (Azrak-Hamway
Turtle Rattle	
Turtles - Mother 'n Baby	TOMY
Twirly Heart and Star	Fisher Price
Twist 'n Turn (Fidgiter) A,B	TOMY
Van - Roadworks Box Van	Ambi Toys
Vibra Touch	Windmere
Vibrating Crab, A,B,C.	Iwaya Corp.
Vibrating Massage Mate	Taiwan
Vibrating Massager, HumBug (h	Pollenex (A Rival Company)
Vibrating Pillow	Nova Products
Vibrating Sensory Tube	
Vibrating Spider	Iwaya Corp.
Vibrating Tube (large yellow/red)	Enabling Devices
Vibrator, Hand-Held	Playskool
Video - The First Step (EI Prog.	
Vroom Motor	Tandy Corporation
V-Tech Learning Center	V Tech Little Smart
V-Tech Little Smart Baby Talk Di	V Tech
V-Tech Magic Lights (space the	V Tech
V-Tech Storytime Rhymes (Book	V Tech
Wacky Stick	TOMY
Walker - Activity Balls Walker	Playskool
Walker - Activity Walker	Fisher Price
Walker - Get-Up & Go Mini-Van	Fisher Price
Walker - Play About	Little Tikes
Water Pump (3)	Marvel Education Co.
Water Wheel (Switch Toy)	DanToy
Watering Can	Royal Co. Ltd.
Webster wobble spider	Tomy

Toy Name	*Manufacturer*
Wee Sing - Children's Songs &	
Wee Sing & Play (tape)	Price Stern Sloan, Inc.
Weebles	Playskool
Whale - Squeaky	
Whales Spouting Splash Gear	Geoffrey, Inc.
Wheelbarrow (red)	Little Tikes
Whirl-a-Ball	Shelcore
Whistle - Tommy Toot	Ambi
Whistling Puzzle Roller	Playwell Toys
Wig Wag Worm	
Winkie Book	Mattel
Winnie the Pooh - Musical Hone	Mattel
Winnie the Pooh Foam Puzzle (1	K Mart
Winnie the Pooh Push-Down	Mattel
Winnie the Pooh Treehouse (Bat	Mattel
Winnie the Pooh Wrist Rattle	The First Years
Winnie the Pooh, Musical Roly P	Mattel
Wooden Nesting Blocks	Small World Toys
Wooden Overhead Gym	Mula
Woogle (Baby Wooden Ring Toy	Pappa Geppetto's Toys Victoria
Worm - Wigloo	Hoopla by Andre
Wrench Set	Fisher Price
Xylaphone	Little Tikes
Xylophone (Musical)	ToysRUs
Xylophone (Rock 'n Roll)	Fisher Price
Xylophone Piano	Little Tykes

Switch/Adaptations Inventory

Item Name	*Vendor*
Shape Music Box Switch	Jesana, Ltd.
Plate Switch 3" x 5"	Enabling Devices
Plate Switch 3" x 5"	Enabling Devices
Plate Switch	TASH, Inc.
Jelly Bean (Black), AB	AbleNet, Inc.
Jelly Bean (Red) (A,B))	AbleNet, Inc.
Jelly Bean (Green)	AbleNet, Inc.
Jelly Bean (Yellow) (A,B)	AbleNet, Inc.
Jelly Bean	AbleNet, Inc.
NLA - Notebook Switch	Homemade
NLA - Notebook Switch	Homemade
Musical Light Dimmer	Fisher Price
Micro Light Switch	Crestwood Co.
Buddy Button (red dots)	TASH, Inc.
Buddy Button (green circles)	TASH, Inc.
Battery Interrupters (7)	TASH, Inc.
In House Light Control (2 piece	Genie
Switch, Latch and Timer, A,B,C	AbleNet, Inc.
Vertical Plate Switch	Enabling Devices
Mercury Switches (2)	Homemade
Scan Lite	ORCCA Technology
Speak Easy	AbleNet, Inc.
Programmable Formboard	Enabling Devices
Cords w/Jacks at Both Ends (4	AbleNet, Inc.
Small to Big Adapters 274-325	Radio Shack
Series Adapter (y-plug)	AbleNet, Inc.
String Switch	AbleNet, Inc.
Big Mac (Red) (2)	AbleNet, Inc.
Big Mac (blue)	AbleNet, Inc.
Vibrating Light	Enabling Devices

Item Name	*Vendor*
Vibrating Light	Enabling Devices
Power Link 2 (A,B)	AbleNet, Inc.
Lighted Musical Plate Switch	Enabling Devices
Cheap Talk 4, A,B,C,D	Enabling Devices
Glitter Roll/Music Switch A,B	Enabling Devices
Activation Board - 3 Item-Selec	ORCCA Technology
4 Item Sound-Picture Board	ORCCA Technology
Ultimate Switch	Enabling Devices
4 Jelly Bean Holder	AbleNet, Inc.
Slim Armstrong	AbleNet, Inc.
Homemade push switch	Homemade
Two Bean Holder	AbleNet, Inc.
Vibrating Plate Switch	Enabling Devices
Leaf switch, A,B	Enabling Devices
Dot Switch	TASH
Big Mac (Green)	AbleNet, Inc.
Triangle Switch	Kapable Kids
Battery Powered Receiver	AbleNet, Inc.
Ring Around Bells	Enabling Devices
Roller Switch Music Box	Enabling Devices
File Notchers	AbleNet, Inc.
Bass Switch (blue)	Don Johnston, Inc.
Oval Texture Music Plate Switc	Enabling Devices
Squeeze Switch	Kapable Kids
Rocking Say It Play It A,B	Toys for Special Children, Inc.
Remote Foot Switch	Radio Shack
Lighted Sensory Plate Switch	Enabling Devices
Light Boy	Little Tikes
Battery Adapter (9 Volt) A,B	Enabling Devices
Battery Adapter (AA), A,B	Enabling Devices
Phone Plug Adapter Jack (5)	Radio Shack
Jelly Bean (pink)	AbleNet, Inc.
Battery Device Adapter	AbleNet, Inc.

Item Name	*Vendor*
Buddy Button (Hands-on)	TASH, Inc.
Buddy Button (Yellow Smiley)	TASH, Inc.
Ultra One Remote Control Pack	AbleNet, Inc.
X-10 Powerhouse Appliance M	Radio Shack
Taction Pads	Toys for Special Children, Inc.
Oval Texture Multi-Sensory 7"x	Enabling Devices
One Step Communicator w/Mo	AbleNet, Inc.
Red Finger Isolation Button	Enabling Devices
Linkswitch	Toys for Special Children, Inc.
Saucer Switch (2) with Transm	Toys for Special Children, Inc.
Koosh Switch, A,B,C	Toys for Special Children, Inc.
Mini Dome	Toys for Special Children, Inc.
Compact Activity Center	Toys for Special Children, Inc.
Sparkles the Clown	Toys for Special Children, Inc.
Ice Cream Truck with Switch	Toys for Special Children, Inc.
Bump-n-Go Robot with Switch	Toys for Special Children, Inc.
Bear (with Drums and Whistle)	Toys for Special Children, Inc.
School Bus with Switch	Toys for Special Children, Inc.
Fire Truck with Switch	Toys for Special Children, Inc.
Crib Mobile - Merry-Go-Round	Toys for Special Children, Inc.
DJ PC Switch Interface (3)	Don Johnston, Inc.
Air Touch Adaptivation Switch	Adaptivation, Inc.
Rooster (Rikki)	Enabling Devices
Somatosensory Bead Chain wi	Enabling Devices
Musical Light Box	Enabling Devices
Vertical Wobble Switch	Enabling Devices
5 Plate Function Activity Cente	Enabling Devices
Switch Interface DJ PC	Don Johnston
Joystick	Toys for Special Children
Ball Switch (Yellow & Green)	
Switch Click (Yellow)	Tash
Button Click Switch (blue/yello	Enabling Devices
Square Window Click Switch	Enabling Devices

Item Name	*Vendor*
Bubble Busy Box	Enabling Devices
Conversation in a Box	Enabling Devices
Spinning Wheel Switch	Enabling Devices
Big Buddy (Hands-on yellow)	Tash
Buddy Button (purple)	Tash
Specs Switch (old 10)	AbleNet, Inc
Big Red (Red A) (Yellow B) (old	AbleNet, Inc
Frog (green) Switch	Enabling Devices
Baby Big Button (yellow)	R.J. Cooper
Wobble Stick Switch	FlagHouse
Dual Switch Latch & Timer	AbleNet, Inc
Dog (Fido) Switch	Enabling Devices
Thomas the Tank Radio Contro	Enabling Devices
Pal Pad (red)	Adaptivation, Inc
Cheap Talk 4 Inline with Jacks	Toys for Special Children, Inc
GloSwitch	ORCCA Technology, Inc
Step-by-Step Communicator (P	AbleNet, Inc
Vibrating Tubular Belt Massage	Enabling Devices

Inventory of Positioning Devices

Name of Positioning Device	*Manufacturer*
Apple Beanbag Chair	
Baby Comfort Pad	Relax, Inc.
Baby Sleep -EZ	Basic Comfort, Inc.
Baby Treadmill	Safety 1st
Bean Bag chair	U. S. Toy Co. Inc.
Booster Seat (2)	Safety 1st
Boppy (Red)	Camp Kazoo
Boppy A,B,C,D, E	Camp Kazoo
Boppy Junior, A,B	Camp Kazoo
Boppy Lay & Play	Camp Kazoo
Boppy, Tiny	Camp Kazoo
Bouncer Seat	Fisher Price
Butterfly Snuglbuds	Snuglbuds
Chair - 2 Corner Chairs A,B	Rifton
Chair - Musical Activity Chair	Fisher Price
Chair Wedge (Foam) A,B	Homemade
Comfy Seat - foam, slip-resistant cus	Kids II
Community Low-Chair (2)	Rifton
Dycem	
ExerSaucer	Even-Flo
Exersaucer	EvenFlo
Exersaucer	EvenFlo
ExerSaucer (2)	Even-Flo
Exersaucer Baby	Evenflo
Floor Mirror	Southpaw Enterprises
Floor Tray without slots	Rifton
Grip Liner	Rubbermaid
Grow With Me Booster	Fisher Price

Name of Positioning Device	*Manufacturer*
Infant Chair	
Island for Baby	Galt Toys
Lap Table (green plastic)	Diplomat Juvenile Corp.
Low Bench, A,B,C, D	Homemade
Me-Do-It Chairs, A,B	
Nesting Benches A,B,C	Tramble
Peanut Roll (blue)	
Phone Book Wedge	home made
Posey Grip	Posey Corp.
Prop-a-Baby	DEX Products
Prop-A-Bye	
Reclining 3-stage feeding seat	The First Years
Rug (Rust/Beigh)	
Safari Boat	Intex Recreation Corp.
Show Loop Tray	Homemade
Show Loop Wedge (2)	Amy Baxter
Sit-Right Baby	Chenbe Inc.
Sit-Right Baby	Chenbe Inc.
Sling (a)	
Sling (b)	
Stringers (shoe laces)	Stringers
Support Pillow (Cows)	Funkins, Inc.
Tadpole (6 pieces)	Tumbleforms
Tilt Floor Table	Levenger
Tot-Loc Graco Chairs, A,B	Graco Children's Products, Inc.
Travelbud	Snuglbuds
Tripp Trapp	Stokke
Tumble Forms (Wedge)	Sammons Preston
Velcro	
Vibrating Infant Seat	

Computer Hardware Inventory

Item Discription	*Manufacturer*
Baby Ball - Jump Start	Knowledge Adventure
Camera IQZoomEZY-R	Pentax
Camera oZ 80 Zoom	Olympus
Headset	Labtec, Inc.
Kiddy Mouse	LeClick
Magic Touch Keyboard	KeyTec, Inc.
Polaroid Popshots (one time cam	Polaroid
Power Pad	Chalk Board Inc.
Power Pad Overlay	UCLA
Power Pad Overlays	From UCPA
SoftKeys	Creative Communicating
Switch interface	Don Johnston Devel. Equip.
Tapeswitch Signal Mat	Tape Switch Coorporation of Am
Touch Window	Edmark Coorporation Media
Track Ball (Easy Ball) A,B	Microsoft

Software Inventory

Program Name	*Manufacturer*
ABC by Dr. Seuss	Random House/Broderbund Co
Away we Ride	SoftTouch
Baby Bear goes to School	Elaine Clark Center
Baby Bear Plays Outside	Elaine Clark Center
Baby Bear's Bubble Bath	Elaine Clark Center
Baby ROM	American Baby
Baby Wow	Bow Wow House
BabyBam!	RJ Cooper
Babyz (Your Virtual Bundle of Jo	Mindscape Entertainment
Bailey's Book House	Edmark
Circletime Tales Deluxe	Don Johnston, Inc.
ClickArt 200,000	Broderbund
Collection 2: Songs and Play (In	Linda J. Burkhart
Creature Antics (2)	Laureate Learning Systems, Inc.
Creature Capers	Laureate Learning Systems, Inc.
Creature Chorus	Laureate Learning Systems
Creature Features	Laureate Learning Systems, Inc.
Discovery Farm (Little People)	Fisher Price
Dr. Seuss Toddler (2)	The Learning Company (Creative
Dream Dollhouse	Fisher Price
Early Learning 1	Mabble Soft
Elmo's Art Workshop	Creative Wonders
Freddi Fish and the Case of The	Humongous Entertainment
Humpty Dumpty & Friends	Don Johnston, Inc.
Intellitools Math (Number Conce	Intellitools
IntelliType Pro Keyboard Softwa	Microsoft
Interactive Math Journey	The Learning Company

Program Name	*Manufacturer*
Jump Start Baby	Knowledge Adventure
Jump Start Toddlers	Knowledge Adventure
Just Me and My Dad	Kidz Corner
Kid Pix Deluxe	Broderbund
Learning in Toyland	Fisher Price
Little People Play House	Knowledge Adventure
Make a Masterpiece	Crayola/IBM
Millie's Math House	Edmark
Monkeys Jumping on the Bed	SoftTouch
My Very First Little People Playh	Fisher Price
My Very First Software	T/Maker Company
Play with the Teletubbies	Knowledge Adventure
Play-Doh Creations	Playskool
Preschool Workbook	School Zone Interactive
Putt-Putt Joins the Parade	Humongous Entertainment
Putt-Putt Saves the Zoo	Humongous Entertainment
Reader Rabbit Playtime for Baby	The Learning Company
Reader Rabbit's Toddler	The Learning Company
Ready for School Preschool	Fisher Price
Ready for School Toddler	Fisher Price
Sammy's Science House	Edmark
Sesame Street: Baby and Me	The Learning Company (Creative
Sticky Bear Alphabet	Weekly Reader Software
Sticky Bear Opposites	Weekly Reader Software
Stickybear's Early Learning Activ	Optimum Resource, Inc.
Storytime Songbook 1	Creative Communicating
Storytime Songbook 2	Creative Communicating
Super Art Pack	Softkey
Super Solvers OutNumbered	The Learning Company
SwitchIt! Software (Arcade Adve	Inclusive Technology, UK

Program Name	*Manufacturer*
SwitchIt! Software (Bundle)	Inclusive Technology, UK
Talking verbs for Power Pad	Laureate Learning
The Berenstain Bears Collection	Broderbund
The Norton Utilities	Symantec
There's A Mouse in the Toybox	Don Johnston Devel. Equip. Inc.
Thinkin' Things Collection 2	Edmark
Three For Me Volume I	Living Books/Random House
Toddler (2)	Fisher Price
Trudy's Time & Place House	Edmark

Appendix D

Promotion, Dissemination & Products

Contact:
University at Buffalo
Center for Assistive Technology
515 Kimball Tower
Buffalo, NY 14214
(716) 829-3141

Or

https://wings.buffalo.edu/ot/cat/Catalog/catalog-online.htm

Visit the Let's Play! Website for more information:
http://cosmos.ot.buffalo.edu/letsplay/

Let's Play! Products

Let's Play! Products

The following products were developed through the Let's Play! Project and are designed for parents and professionals in Early Intervention programs. The content reflects strategies and supporting materials useful when considering play options for young children with disabilities.

These products are available to the general public and are included as part of the training workshops for participating replication sites.

Let's Play! Project • University at Buffalo
(DOE/OSERS grant # H024B50051)

LET'S PLAY! SHEETS

PUB023 - $10.00

A collection of one-page play idea sheets to promote playful interactions in babies with disabilities, age 0-3. Categories include Special Play Materials, Creating Play Environments and Positioning for Play.

COMPUTER PLAY WITH YOUNG CHILDREN WITH DISABILITIES

PUB024 - $10.00

A booklet offering suggestions on selecting and using software programs to promote playful interactions. Adaptive peripherals help young children control the software programs that lead to independent participation.

PLAYING WITH SWITCHES

PUB025 - $10.00

Using battery-operated toys and games with single switches provides a wide range of play opportunities for children with disabilities. The booklet offers suggestions for selecting and using switches for play and communication purposes in a variety of environments.

HOW WE PLAY!

PUB026 - $10.00

This Play Guidebook is intended to assist parents with babies with disabilities and the individuals who provide them with Early Intervention services, by encouraging play in the child's life. Each of the six Emerging Play sections includes information on:

- What The Child Does
- What the Caregiver Does
- Play Material
- Positioning Options & Adaptations

A GUIDEBOOK FOR DEVELOPING, USING AND MAINTAINING A PLAY & ASSISTIVE TECHNOLOGY LENDING LIBRARY

PUB027 - $10.00

The lending libraries offer a successful solution to providing assistive technology supports to families in Early Intervention Programs. Young children have immediate needs for technologies that support their participation in all routine activities throughout the day. Identifying inventory and loan system information is included.

COLLECTION OF ARTICLES: EARLY INTERVENTION

PUB028 - $20.00

A collection of articles from professional journals addressing issues in early intervention service delivery. Articles pertain to Family-Center Service delivery, Assistive Technology Supports and the Importance of Play for Children with Disabilities.

CATALOG OF AT/PLAY INVENTORY

This full-color catalog provides examples of most frequently loaned AT/Play items. Categories of devices include commercial and specialized play materials, positioning/mobility supports, adaptive supplies and communication aids.

CREATING PLAY ENVIRONMENTS

Toys are the tools of play. When combined with other AT supports, a play environment is created. This booklet offers background information and specific "How To's" for promoting play.

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Dennis P. Whalen
Executive Deputy Commissioner

Early Intervention Memorandum 99-1

TO: Early Intervention Officials
Providers of EI Services
Families
Regional TRAID Centers
Other Interested Parties

FROM: Donna M. Noyes, Ph.D.
Director, Early Intervention Program

DATE: February 1, 1999

RE: **Assistive Technology**

This memorandum provides guidance on the appropriate selection and use of assistive technology devices and services for children eligible for the Early Intervention Program.

Under federal and state law and regulations assistive technology devices may be provided to children eligible for the early intervention program ***when these devices are necessary to increase, maintain, or improve the functional capabilities*** **of an infant or toddler in one or more of the following areas of development: physical development; communication development; cognitive development; social-emotional development; and, adaptive development**.

In determining whether an assistive technology device should be provided under the Early Intervention Program, it is important to consider whether the device is needed to increase, maintain, or improve the child's functional abilities due to a chronic condition affecting the child's development and resulting from a:

- diagnosis with a high probability of developmental delay; or,
- significant and continuing developmental delay, as specified at 10 NYCRR Section 69-4.1(g).

Under such circumstances, it is appropriate to provide an assistive technology device under the Early Intervention Program (for example, ankle-foot orthotics, braces, or similar types of equipment that may be needed by a child with cerebral palsy to increase, maintain, or improve the child's functional mobility). In contrast, medical equipment that might be provided to any child as part of routine health care (e.g., treatment for an acute condition resulting from an injury or life sustaining equipment) are not considered assistive technology devices for the purposes of the Early Intervention Program. Service coordinators should assist the family to work with primary and specialty health care providers to access needed medical equipment upon the family's request.[1]

Assistive technology should be considered when an assistive technology device or service is needed to increase, maintain, or improve the functional capabilities of an eligible child and achieve or facilitate the attainment of functional outcomes included in the child and family's individualized family service plan (IFSP). Some questions which may be useful in considering the need for assistive technology devices and services include:

- ☐ Is the child able to functionally communicate with adults and peers within reasonable expectations for his or her age?
- ☐ Is the child able to sit independently? Stand independently? Walk independently?
- ☐ Is the child able to feed himself/herself independently?
- ☐ Is the child able to engage in age-appropriate play with toys and with others independently?

If the answer to any of these questions is "no", and should be "yes" ***when the child's age, current and expected developmental levels are taken into account***, it may be appropriate to consider the need for assistive technology devices and services in the multidisciplinary evaluation and IFSP process. The resources, priorities, and concerns of the family and the outcomes the family hopes to attain through the provision of early intervention services are also important considerations in decisions related to assistive technology devices and services.

1. What are assistive technology devices?

Early Intervention Program regulations define an assistive technology device as "*any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities*."[2]

Assistive technology devices range from low technology to high technology devices. Low technology devices are devices that rely on mechanical principles and can be purchased or made using simple hand tools and easy to find materials. High technology devices include sophisticated equipment and may involve electronics. Attachment A contains examples of the types of assistive technology devices that may be provided to eligible children under the Early Intervention Program as well as examples of items that are NOT considered assistive technology devices under the Early Intervention Program.

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[1] 10 NYCRR Section 69-4.6

[2] 10 NYCRR Section 69-4.1(k)(2)(i)

2. **What are some examples of appropriate assistive technology services for infants and toddlers with disabilities? Who is authorized to provide assistive technology services?**

Early Intervention Program regulations define assistive technology service as "a service that directly assists a child with a disability in the selection, acquisition or use of an assistive technology device. Assistive technology service includes:

(a) the evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
(b) purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
(c) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
(d) coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
(e) training or technical assistance for a child with disabilities or, if appropriate, that child's family; and,
(f) training or technical assistance for professionals, (including individuals providing early intervention services) or other individuals who provide services to, or are otherwise substantially involved in, the major life functions of individuals with disabilities."[3]

Assistive technology services should be delivered by qualified personnel[4] using the service delivery models[5] and reimbursement mechanisms provided for in program and reimbursement regulations.[6]

Examples of assistive technology services include installing, customizing or adapting equipment; assisting children benefiting from these devices, and training of parents and other caregivers (including child care providers) in using assistive technology devices to improve children's functional capabilities.[7] Customizing equipment can include constructing new equipment or fitting commercial items to an individual child (for example, a tri-wall insert can be made for a child to provide a customized fit in a chair or child-seat). Training of parents and caregivers can include specific instruction on the use of the device or follow-up visits to make adjustments to the device.

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[3] 10 NYCRR Section 69-4.1(k)(2)(ii)
[4] 10 NYCRR Section 69-4.1(jj)(1-20)
[5] 10 NYCRR Section 69-4.10
[6] 10 NYCRR Section 49-4.30
[7] 10 NYCRR Section 69-4.1(k)(2)(ii)(c),(e),(f)

3. How should the need for assistive technology devices be evaluated?

Assistive technology evaluations can be requested when there is reason to believe that a child may benefit from the use of assistive technology. The need for assistive technology devices may be identified:

- as part of the initial multidisciplinary evaluation, where the evaluator selected by the parents determines the team;[8] (reimbursement for the assistive technology evaluation may either be part of a core evaluation or a supplemental evaluation provided in conjunction with the core evaluation by a specialist trained in the area of the child's suspected delay or disability);
- as part of a supplemental evaluation included in a child's IFSP based on an anticipated or emerging need and as agreed upon by the parent and Early Intervention Official[9]; or,
- through the ongoing assessment process conducted by the child's service provider(s).[10]

In assessing the need for assistive technology devices, it is important to evaluate the child's functional abilities in the context of his or her daily routines and physical and social environments. The assistive technology devices being considered for the child should be available for fitting and demonstration during the assistive technology evaluation whenever possible.[11]

4. What are some considerations that should be taken into account when evaluating a child for assistive technology?

There are several considerations which should be taken into account when assessing a child for assistive technology devices. These include:

- *The child's age and developmental status.* All developmental domains, including cognitive, communication, physical (including motor skills and abilities, mobility status, and sensory functions), social-emotional and adaptive development should be assessed to ensure the assistive technology device being considered can be used by the child to increase, maintain, or improve his or her functional abilities.[12] Use of devices that promote attainment of functional outcomes and ability to participate in home and community life are important to consider.

- *The family's input related to the assistive technology device.* Parents should be included as important sources of information in determining the appropriateness of a device.[13] Parents can provide information related to the practical use of the device. Parents can contribute to

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[8] 10 NYCRR Section 69-4.8(a)(3)
[9] 10 NYCRR Section 69-4.8(a)(13)
[10] 10 NYCRR Section 69-4.11(b)(ii)
[11] 10 NYCRR Section 69-4.8(a)(6)(ii)
[12] 10 NYCRR Section 69-4.8(a)(4)(i)
[13] 10 NYCRR Section 69-4.8(a)(7)

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the assessment of the ease of use of a particular device and whether the device can be integrated into the family's lifestyles and routines (for example, if a device needs to be transported, will it fit in the car or usual mode of transportation used by the family such as the bus or subway).

- ☐ *The location(s) for the use of the device.* Consideration must be given to settings in which the child will need to access and use the assistive technology device to increase, maintain, or improve his or her functional capabilities. If the device needs to be used by the child in a variety of settings at home and in the community, each setting should be considered when selecting an appropriate device.
- ☐ *The potential for interaction with other devices or systems.* Consideration must be given to any other assistive technology devices that the child may already have or will be obtaining, to determine whether multiple devices are essential to meet the child's functional outcomes, and, if so, to ensure compatibility of the devices or systems with one another.

5. What assistive technology devices require a written order or recommendation from a physician or other qualified professional?

All assistive technology devices that are included on the Medicaid Durable Medical Equipment (DME) list require a signed written order by a physician or nurse practitioner for children eligible for the Early Intervention Program regardless of whether they are eligible for the Medicaid Program. Examples of devices on the Medicaid DME list are wheelchairs, wheelchair trays, orthotics, prosthetics and augmentative communication systems or devices.

Generally, characteristics of durable medical equipment include the ability to withstand repeated use for a protracted period of time. DME may or may not be designed or fashioned for a particular individual's use. In instances where DME is intended for use by only one person, it may be custom-made or customized.[14]

Augmentative and alternative communication devices or systems require an order by a licensed physician based on evaluation by and a recommendation from a licensed speech/language pathologist; and, hearing aids require an evaluation by and a recommendation from a licensed audiologist or otolaryngologist. Wheelchairs require an order by a licensed physician based on an evaluation and recommendation from a licensed physical therapist. Written orders and/or recommendations for these must be included in the Individualized Family Service Plan.[15]

Signed written orders are *not* necessary for simple assistive technology devices such as adapted toys, switches, or simple environmental controls. However, it is always important to engage children's primary health care providers in discussions related to ways in which assistive

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[14] 10 NYCRR Section 505.5(a)

[15] 10 NYCRR Section 69-4.11(a)(10)(ii)

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technology devices can increase, maintain, or improve a child's functional capabilities to ensure a well-coordinated plan for the child and family.[16]

6. **What information about assistive technology devices and services should be included on the Individualized Family Service Plan (IFSP)?**

Assistive technology devices and/or assistive technology services must be included in the Individualized Family Service Plan as agreed upon by the parent and early intervention official or designee.[17] At a minimum, the IFSP should include the following information:

- ☐ The outcomes that will be achieved for the child and family, including the way in which the assistive technology device is expected to increase, maintain, or enhance a child's functional cabilities. For example, if an augmentative communication device is needed to increase, maintain, or improve a child's communicative abilities, the IFSP should describe how such a device will be used to accomplish this outcome for the child and family.
- ☐ A description of the specific assistive technology device or devices needed by the child; the projected dates for acquisition of the device; and, the method of acquisition (for example, whether the device will be purchased by the early intervention official, leased, loaned, etc.).
- ☐ The methods and strategies for use of the assistive technology device to increase, maintain, or improve the child's functional capabilities; the individuals (including parents, other caregivers and family members, and qualified personnel) who will be assisting the child in using the device; and, the settings in which the device will be used.[18]
- ☐ The assistive technology services that are necessary to enable the child, family and other care givers to use the device to increase, maintain, or improve the child's functional capabilities. Specific training on the use of the device or follow-up visits to make adjustments are examples of the types of assistive technology services that could be included on the IFSP.
- ☐ The qualified personnel who will be providing the assistive technology services and the frequency, intensity, location and method of service delivery.[19]

As with any service provided under the Early Intervention Program, if a parent does not agree with the early intervention official regarding assistive technology devices or services, the parent may request due process procedures, including mediation and impartial hearing, to resolve the disagreement.[20]

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[16] 10 NYCRR Section 69-4.11(a)(2)(v)

[17] 10 NYCRR Section 69-4.11(a)(7)

[18] 10 NYCRR Section 69-4.11(a)(10)(v)

[19] Ibid.

[20] 10 NYCRR Section 69-4.17

7. **Who is responsible for obtaining an assistive technology device included on the IFSP?**

When a device is included in an IFSP, it is the early intervention official's responsibility to ensure that the device is provided as soon as possible after the initial IFSP meeting or any subsequent amendments to the IFSP and within a timeframe specified in the IFSP.[21] The item should be accessed through rent, lease or purchase in the most expeditious and cost-effective manner available.

The department has established a relationship with the Office of the Advocate for Persons with Disabilities to equip "loan closets" of assistive technology devices in ***TRAID Centers*** (Regional Technology Related Assistance for Individuals with Disabilities) ***specifically for children eligible for the Early Intervention Program***. Early intervention officials are encouraged to use this valuable resource as one means of obtaining assistive technology devices included in children's IFSPs. In addition, service coordinators should encourage families to donate assistive technology devices no longer needed or being used, or if the child has outgrown the device, to TRAID Center Early Intervention Program loan closets. TRAID Centers are responsible for cleaning and maintaining the devices available through the loan closets.

8. **What services are available through Regional Technology Related Assistance for Individuals With Disabilities (TRAID) Centers?**

Technology Related Assistance for Individuals with Disabilities (TRAID) is a federally funded project administered by the New York State Office of the Advocate for Persons with Disabilities (OAPwD). The TRAID project promotes a consumer-responsive, comprehensive system of access to assistive technology usable by individuals with disabilities. Twelve Regional TRAID Centers offer statewide coverage to provide an array of services enabling persons of all ages and types of disabilities to choose, acquire, and use appropriate assistive technology devices and services that enhance their individual pursuits.

The department has provided funding to the Regional TRAID Centers to establish early intervention assistive technology loan closets in collaboration with early intervention officials in their respective catchment areas. The devices in the loan closets are available for use by eligible children and their families in accordance with their IFSP. Procedures for accessing Regional TRAID Center early intervention loan closets and acquisition of equipment for eligible children from available inventory must be agreed to by the early intervention official and Regional TRAID Center staff.

Equipment in a loan closet may be provided to the child and family on either a short-term basis to determine the appropriateness of a device for the child or for the duration indicated in the child's Individualized Family Service Plan (IFSP). Service coordinators should inform and

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[21] 10 NYCRR Section 69-4.11(a)(10)(xi)

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encourage families to use their option to donate assistive technology devices no longer needed by their child to the Regional TRAID Center to increase the inventory and variety of devices available for loan to other eligible children.

If a Regional TRAID Center receives a direct request from a family for the loan of an assistive technology device, TRAID Center staff are required to contact the family's early intervention official to ensure that the child is eligible for the program and that the device is included on their current IFSP.

Regional TRAID Center staff can also be a valuable resource in obtaining information related to the area of assistive technology, such as vendors to supply and repair equipment. A list of current Regional TRAID Centers is attached (see Attachment B).

9. **What happens with the assistive technology device if the child moves to another municipality or ages out of the program? To whom does the device belong?**

All devices loaned through TRAID Centers must be returned to TRAID Centers according to the terms of the loan. If the assistive technology device has not been loaned, leased, or rented, the assistive technology device is the property of the child and family, and the family may choose to keep the device when moving or transitioning out of the Early Intervention Program. However, as stated previously, the early intervention official should encourage families to donate devices to the Regional TRAID Centers when the items are no longer needed or being used by the child and family, or the child outgrows the device.

10. **Is training on assistive technology available through the Early Intervention Program?**

Training on assistive technology devices and services for infants and toddlers with disabilities is being offered across the state through the Early Intervention Program's training initiative *Training Together for Tots*. For more information regarding the availability of training sessions, please contact the department or SUNY Empire State College *Training Together for Tots* office at (518) 587-2100 extension 361.

Further Guidance

This memorandum is designed to provide guidance to ensure access to appropriate assistive technology devices and services. The use of assistive technology devices for infants and toddlers with developmental delay or disability is an evolving field. Individuals with questions about assistive technology or any other aspect of the Early Intervention Program should call the Department of Health at 518-473-7016.

Attachments:
Examples of Assistive Technology Devices
List of Regional TRAID Centers

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Attachment A

The following are *examples* of the types of assistive technology devices that may be provided to eligible children and their families under the Early Intervention Program. The assistive technology available to young children is changing and expanding at a rapid pace, and it should be noted that this list is not an exhaustive list of assistive technology devices. This list is intended to provide *guidance* for local decisions about assistive technology devices for individual eligible children. There may be other items not listed that would appropriately meet the needs of children under the Early Intervention Program.

- ☐ *Devices to increase, maintain, or improve self-help skills and functional abilities related to daily living activities and routines.* Examples include adapted feeding utensils and devices that assist with seating and positioning, such as side lyers and prone standers, and insertions and adaptations necessary to correctly position or support an infant or toddler in a seating position.
- ☐ *Devices to increase, maintain, or improve functional mobility.* Examples include orthotics, prosthetics, scooter boards, walkers, therapeutic strollers and wheel chairs.
- ☐ *Vision and hearing aids for children with diagnosed visual impairments and hearing impairments.* Examples include eyeglasses, external contact lenses, and magnifiers for children with diagnosed visual impairment; and assistive listening devices, such as hearing aids or other forms of amplification, for a child with a diagnosed hearing impairment.
- ☐ *Devices to increase, maintain, or improve communication skills and development, consistent with expectations for age-appropriate development.* Examples include communication boards, augmentative and alternative communication aids, and more complex communication systems.
- ☐ *Devices to increase, maintain, or improve cognitive development.* Examples include adapted toys, switches, and necessary connections to toys to enable an infant or toddler with disabilities to become more independent in their interactions with the physical environment (e.g., adapted toys with auditory signals for infants and toddlers with visual impairments).

The following are *examples* of items that are **not** considered assistive technology devices under the Early Intervention Program:

- ☐ **Equipment or medical supplies solely related to a medical condition or chronic illness *unrelated to the child's disability and developmental status*, or that are life-sustaining in nature.** Examples include medical equipment such as suction machines, feeding pumps, nebulizers, ventilators, apnea monitors, and pulse oximeters which are life sustaining and/or that would be needed by any child to maintain his or her health.

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- *Toys that are not adapted.* Examples include items such as building blocks, dolls, puzzles, balls and other common play materials that are used by all children and are not specifically designed or adapted to increase, maintain, or improve the functional capabilities of children with disabilities.

- *Generic items typically needed by all children.* Common child items such as car seats, high chairs, youth beds, play tables, bath seats, infant swings, or potty chairs, which are typically needed by all children are not considered assistive technology devices reimbursable under the Early Intervention Program.

- *Standard equipment used by service providers in the provision of early intervention services (regardless of the service delivery setting).* Examples include tables, desks, chairs, therapy mats, tumble forms, therapy balls, vestibular swings, gait ladders, etc. The cost of these types of supplies, equipment and materials needed in the provision of a service is included in the prices established by the department for early intervention services.

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REGIONAL TRAID CENTERS

Regional TRAID Center	Counties Served
The Nassau/Suffolk TRAID Center UCP of Nassau and Suffolk 380 Washington Avenue Roosevelt, New York 11575-1899 516-378-5089 Voice/TTY 516-378-0357 FAX	Nassau Suffolk
TRAID Rural Technology Center Western NY DDSO 10310 Peck Hill Road Perrysburg, New York 14129 716-532-5522, ext. 2230 Voice 716-532-5549 FAX 716-532-0836 TTY	Chautauqua Cattaraugus Allegany
Central New York TRAID Center ENABLE 1603 Court Street Syracuse, New York 13208 315-455-7591 Voice 315-455-1230 FAX 315-455-1794 TTY ctytler@odyssey.net	Oswego Onondaga Cayuga Madison Cortland Tompkins
Ulster-Sullivan Coop for Assistive Technology UCP of Ulster County and Sullivan Diagnostic Treatment Center 250 Tuytenbridge Road, PO Box 1488 Kingston, New York 12402 914-336-7235, Ext. 113 Voice 914-336-7248 FAX 914-336-4055 TTY	Ulster Sullivan Orange Dutchess Putnam

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Genesee-Finger Lakes TRAID Project Rochester Ctr. for Independent Living 758 South Avenue Rochester, New York ,14620 716-442-6470 Voice/TTY 716-271-8558 FAX rciludt@frontiernet.com www.rcil.com	Monroe Wayne Livingston Ontario Yates Seneca
AIM ILC 271 East First Street Corning, NY 14830 607-962-9225 (V/TTY) 607-937-5125 (FAX) aimilc@servtech.com	Steuben Schuyler Chemung
Adirondack Regional Technology Ctr SUNY Plattsburgh Alzheimer's Disease Assistance Ctr. 101 Broad Street, Sibley 227 Plattsburgh, New York 12901 1-800-388-0199 Voice/TTY or 518-564-3377 Voice 518-564-2328 FAX florentinej@splava.cc.plattsburgh.edu	St. Lawrence Franklin Clinton Essex
Southern Tier Independence Ctr., Inc. 24 Prospect Avenue Binghamton, New York 13901 607-724-2111 (Voice/TTY) 607-722-5646 (FAX)	Tioga Broome Chenango Otsego Delaware
Center for Assistive Technology The University at Buffalo 515 Kimball Tower 3435 Main Street Buffalo, New York 14214 716-829-3141 Voice/TTY 800-628-2281 Voice/TTY 716-829-3217 FAX jweir@acsu.buffalo.edu web page: http://wings.buffalo.edu/go?cat	Niagara Erie Orleans Genesee Wyoming

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Lower Hudson Valley Technology Ctr Westchester Institute for Human Development Cedarwood Hall Valhalla, New York 10595 914-493-8213 Voice 914-493-1973 FAX 914-493-1204 TTY	Rockland Westchester
Glens Falls Independent Living Center 71 Glenwood Avenue Queensbury, NY 12804 518-792-3537 (Voice) 518-792-0505 (TTY) 518-792-0979 (FAX)	Warren Washington Saratoga Albany Greene Schenectady Rensselaer Schoharie Columbia
Mohawk Valley/Leatherstocking Area TRAID Center at United Cerebral Palsy in Utica 1020 Mary Street Utica, New York 13501 315-724-6907 ext. 2286(Voice/TTY) 315-896-2717 (FAX) ucptraid@mail.dreamscape.com	Jefferson Lewis Oneida Hamilton Herkimer Fulton Montgomery
Technology Resource Center United Cerebral Palsy of NYC 120 East 23rd Street New York, New York 10010-4519 212-979-9700 Voice 212-260-6894 FAX 212-475-0842 TTY ucptraid@aol.com	Manhattan Bronx
Technology Resource Center United Cerebral Palsy of NYC 160 Lawrence Avenue Brooklyn, New York 11230 718-436-7979 (Voice)	Kings Richmond Queens

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DOH STATE OF NEW YORK
DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Antonia C. Novello, M.D., M.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

December, 1999

Dear Colleague:

I am writing to inform you of a correction we have made to Early Intervention Memorandum 99-1 on assistive technology devices and services, as a result of inquiries concerning the requirements for written orders to obtain wheelchairs for children in the Early Intervention Program.

Specifically, it has been called to our attention that occupational therapists were not included as evaluators for wheelchairs, while both Medicaid requirements and the scope of practice for these therapists allow them to do so. Please note that we have corrected our response to the question, "What assistive technology devices require a written order or recommendation from a physician or other qualified personnel?" on page five of the guidance document to reflect the fact that licensed occupational therapists can provide evaluations and recommendations for wheelchairs for children under the Early Intervention Program.

For your convenience, I am enclosing a revised page five-six (double-sided) to replace in your copy of the Assistive Technology guidance memorandum.

Please contact me or Connie Donohue of my staff at (518) 473-7016 with any questions.

Sincerely,

Donna M. Noyes

Donna M. Noyes, Ph.D.
Director
Early Intervention Program

Enclosure

cc: Early Intervention Officials
Connie Donohue
DOH Regional Staff

the assessment of the ease of use of a particular device and whether the device can be integrated into the family's lifestyles and routines (for example, if a device needs to be transported, will it fit in the car or usual mode of transportation used by the family such as the bus or subway).

- ***The location(s) for the use of the device.*** Consideration must be given to settings in which the child will need to access and use the assistive technology device to increase, maintain, or improve his or her functional capabilities. If the device needs to be used by the child in a variety of settings at home and in the community, each setting should be considered when selecting an appropriate device.

- ***The potential for interaction with other devices or systems.*** Consideration must be given to any other assistive technology devices that the child may already have or will be obtaining, to determine whether multiple devices are essential to meet the child's functional outcomes, and, if so, to ensure compatibility of the devices or systems with one another.

5. What assistive technology devices require a written order or recommendation from a physician or other qualified professional?

All assistive technology devices that are included on the Medicaid Durable Medical Equipment (DME) list require a signed written order by a physician or nurse practitioner for children eligible for the Early Intervention Program regardless of whether they are eligible for the Medicaid Program. Examples of devices on the Medicaid DME list are wheelchairs, wheelchair trays, orthotics, prosthetics and augmentative communication systems or devices.

Generally, characteristics of durable medical equipment include the ability to withstand repeated use for a protracted period of time. DME may or may not be designed or fashioned for a particular individual's use. In instances where DME is intended for use by only one person, it may be custom-made or customized.[14]

Augmentative and alternative communication devices or systems require an order by a licensed physician based on evaluation by and a recommendation from a licensed speech/language pathologist; and, hearing aids require an evaluation by and a recommendation from a licensed audiologist or otolaryngologist. Wheelchairs require an order by a licensed physician based on an evaluation and recommendation from a licensed physical therapist or a licensed occupational therapist. Written orders and/or recommendations for these must be included in the Individualized Family Service Plan.[15]

Signed written orders are *not* necessary for simple assistive technology devices such as adapted toys, switches, or simple environmental controls. However, it is always important to engage children's primary health care providers in discussions related to ways in which assistive

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[14] 10 NYCRR Section 505.5(a)

[15] 10 NYCRR Section 69-4.11(a)(10)(ii)

Subject: You have been listed in the ABC's of Parenting Directory
Date: Fri, 2 Oct 1998 01:47:12 -0400
From: comments@abcparenting.com
To: mistrett@acsu.buffalo.edu

Congratulations! Your site, or segment of your site, has been reviewed by the editors of the new ABC's of Parenting Directory and chosen to appear in our listings. The ABC's of Parenting (at http://www.abcparenting.com) is devoted to providing websurfers with reviews and ratings of the absolute best websites of interest to families and parents-to-be.

The particular entry and review as it appears in our directory is as follows:

Site Name or Segment: Let's Play! Project

URL: http://cosmos.ot.buffalo.edu/letsplay/

Rating: 3 Stars

Review: Learn about ways to play with the learning disabled child through the assist

Category: Children with Learning Disabilities

Unique Site ID: 1987

* If your site has been listed in our directory multiple times you will be receiving an email for each listing.

It should be noted that the editors of the ABC's of Parenting are extremely selective and only include the absolute best websites in each category in our directory. You should be proud of your site and the distinction to be included among other terrific websites in our directory.

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- Including search forms on your website so that your visitors can search our database right from your pages.

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Let's Play!
A timely feature that discusses special toys for our special kids. Reprinted from the University at Buffalo.

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Wed, Dec 15, 1999

Jody Swarbrick - your About.com Guide to:

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Let's Play! Project

Dateline: 12/10/99

IT'S EASY TO FIND HOLIDAY GIFTS FOR CHILDREN WITH DISABILITIES

Is there an infant or toddler with disabilities on your holiday gift list? If so, you might be interested in some advice from Susan Mistrett, director of the **Let's Play**! project at the University at Buffalo, which uses assistive technologies and interactive strategies to help disabled children to play.

"Like any child, kids with disabilities need toys that are engaging and fun to use, and should be matched to the child's likes and interests," Mistrett says. "At the same time, toys can help move them along to a new developmental stage."

However, children's disabilities can limit how they play. "These children need a big bang for their buck," she said. "They need more of a response from their toys, more of a reward as they play with them." The best toys for children with disabilities have most of the following features:

- Sensory appeal, either through light, sound, touch or vibration.
- Enough flexibility that they can be used in several ways.
- Very defined textures.
- Safety and durability.
- The ability for volume or speed or other variables to be adjusted.
- Large buttons or switches that make them easy to hold

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Large buttons or switches that make them easy to hold and operate.

"Families with normally developing children see play as what kids do," said Mistrett, "whereas, unfortunately, for children with disabilities, play is often not determined by the child but tends to be 'put these squares in these holes' she says. "That's directing, when in fact, you want to be facilitating, you want to create a play environment for the child in which he or she is successful by making toys easy to reach and work. You need to empower the child."

That means toys should be very colorful, with high contrast. They should invite the child to touch them, either because they are smooth, rough or cuddly, or because they vibrate. Also, they should respond to the child's action, whether it be with sound, light or tactile sensation.

"Plenty of conventional toys available at toy stores can be perfectly appropriate for children with disabilities," she says. Best bets for infants and toddlers that are available at your local toy store include:

- Skwish Rattle by Papa Gepetto. A colorful rattle that is easy to grasp, shake, bang and "squish." Beads, strings and bells invite exploration.
- Toys made by V-Tech. These toys feature buttons to push and recorded answers in the form of songs, responses or other sounds. "These are a good place to start to begin to get the child comfortable with interacting with his or her environment and with cause and effect," says Mistrett.
- Dunk'n Clunk by Sassy. This is a clear bucket that comes with vinyl rings and shapes. The top has slots to push the rings through. Because the bucket is clear, children can see the things they put into it, which motivates them to retrieve them.
- Koosch Balls. These come in a variety of shapes and have a unique feel; they encourage touching, throwing and are interesting to look at, feel and even taste.
- Slinky. With its wonderfully strange elasticity, this classic toy is easy to use and encourages connections between child and parent or between two children because they can tug and pull between them. Now available in fluorescent colors, the Slinky also is visually interesting.
- Drums, bells, maracas, almost any easy-to-use musical instrument. A strap with bells on it, for example, can easily be wrapped around a wrist. "The advantage here, Mistrett says, is that when the child moves, she or he is the source of the sound."
- Duplos. The big, chunky ones can be stacked easily and can assist the child in moving to the next stage, using them to build. Some have rattles inside them or faces on them. Also, since the big ones can be connected to the smaller pieces, they provide an easy way for a disabled child to play with an older sibling.

Many widely available items can be used to create a safe, comfortable environment in which children can play successfully, she notes. For example, the U-shaped pillow -- widely used to prop infants during feeding -- can be a critical help to these babies by helping to support in an upright position those unable to hold their heads up or sit on their own. Even an ordinary bean-bag chair can be modified to create a sitting space for babies who are unable to sit by themselves.

Trays, benches, overhead gyms with links and hanging toys all can help elevate toys to the level at which the baby can interact easily with them and better experience their environments, gaining a whole new perspective on the world and their bodies. Simple items, like non-slip materials and Velcro, can keep a toy in place.

An extensive collection of resources for families of children with disabilities is available on the **University at Buffalo-- Let's Play! Assistive Technology**.

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Jody

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UB Program Uses Toys to Help Children With Disabilities

Release date: Friday, November 11, 1994
Contact: Lois Baker, ljbaker@buffalo.edu
Phone: 716-645-2626
Fax: 716-645-3765

BUFFALO, N.Y. -- While most people may think of toys only as recreational items for children, researchers in the Early Intervention Lab of the Center for Assistive Technology at the University at Buffalo see them, and other everyday items, as a means to help infants and toddlers with disabilities communicate, move and learn.

"We look at toys with a different eye than a lot of other folks," says Susan Mistrett, an educational specialist at the center, which is affiliated with the Department of Occupational Therapy in the School of Health Related Professions.

Through assistive technology, everyday objects and toys are adapted to suit specific needs -- to help children play, communicate, move, control things and hear or see better. This includes items that make things easier to turn on, hold objects steady, and help a child be bathed, dressed or fed.

The Early Intervention Lab -- also staffed by pediatric occupational therapist Shelly J. Lane, Ph.D., and physical therapist Ellen Kroog -- serves children ranging in age from birth to 3 years who have significant physical, sensory and cognitive disabilities.

The lab is a one-year pilot project funded by UB's Multidisciplinary Pilot Project Program and the Office of the Provost.

A total of 10 children with disabilities and their families will participate in the pilot project, with their experiences providing the data necessary for a multi-year grant application. Five children from Niagara and Erie counties have participated to date, and five more are being recruited.

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The lab offers a "family-centered" approach to intervention, Mistrett notes. Personnel examine the child's home and day-care environments to see how technology may assist them, she says. The team also may address ways to get healthy siblings to interact more with the disabled child.

The pediatric team works with families on a case-by-case basis. "The parents call the shots," Mistrett says.

Therapists begin an initial play assessment with a new client by determining the parents' immediate goals for the child and gathering background information. The center then lends out toys, accompanied by a list of suggested exercises and an evaluation sheet.

"The wizardry is incorporating common sense and knowing what's out there," Mistrett says. She stresses that technology does not necessarily mean computers. Commercially available items, such as koosh balls, snack trays and Fisher Price toys, often are used. Tables or trays may be adjusted to restrict play to a specific area. Velcro strips may be attached to toys to help stabilize movement.

Vibrating "bumble balls" and battery-operated toys that make noise are especially useful for blind children. Attaching switches to battery-operated toys by inserting battery-interrupters makes some toys more interactive.

For example, Mistrett rigged a switch to a Fisher-Price tape recorder for a non-verbal 15-month-old baby to press while in her crib. It played, "Good night, Mommy. I love you."

The message established the end of a bedtime routine for the mother. "It's the little things that can make or break a whole day," Mistrett says.

She notes that "babies use their senses to find out things about their world. We try to enhance that ability to keep them stimulated and motivated," Mistrett says. The key is to give the children a sense of empowerment or control over their environment, she says, adding that through the assistive technology activities, "the child is controlling the play more and more.

"Play is how a child grows; these activities must be fun for the child," Mistrett says.

University at Buffalo State University of New York UB

news

TUESDAY, MARCH 7, 2000

Let's Play! Program Stresses Fun And Family For Infants And Toddlers With Disabilities

Release date: Thursday, May 21, 1998
Contact: Ellen Goldbaum, goldbaum@buffalo.edu
Phone: 716-645-2626
Fax: 716-645-3765

BUFFALO, N.Y. -- Nursery rhymes, rattles, teething rings and games like "Peekaboo" all help babies bond with parents, teaching them how to interact with their family and the rest of the world.

But for babies born with serious developmental disabilities -- and their parents -- the emphasis tends to be clinical, marked by frequent visits with doctors, social-service workers and physical and occupational therapists.

For these babies, play often gets overlooked, according to Susan Mistrett, director of the Let's Play! project, part of the University at Buffalo's Center for Assistive Technology, and educational specialist in the Department of Occupational Therapy.

She and her colleagues at Let's Play! are putting this essential ingredient back into the lives of babies with disabilities -- and their families -- almost from the time they are born.

In operation just three years, the project has been so successful that New York State's Department of Health last month asked the UB staff to replicate Let's Play! in Corning. UB staff also will be working with the United Cerebral Palsy Association to introduce similar programs at several sites across the state. Organizations in Kentucky and Virginia have contacted the project to find out how to pattern their own programs after the one at UB.

Let's Play! has been a success, with more than 50 families in Erie County alone and more than 100 additional families through satellite sites in nearby Niagara, Wyoming, Genesee and Orleans

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News Experts

Susan Mistrett, Let's Play! project

counties.

The federally funded project offers to families free assistive technologies, such as toys modified to make them easier to use, as well as seating or positioning equipment that allows babies with developmental disabilities to better interact with their environments.

At the same time, the project emphasizes "familyhood," the natural integration of the baby into his or her family and home environment.

"Too often, the focus for infants with disabilities is therapy, therapy, therapy," said Amy Goetz, an occupational therapist with Let's Play! "The emphasis gets away from play, but that's how children learn."

Mistrett noted, "The medical issues are critical and they have to be dealt with, but too often, we find, we're missing the kid piece. Yes, the disability is a curve ball, but your child wants to play. Our message to parents is, 'They're kids! Have fun with your baby!'"

That requires more of an effort than it would with a child who doesn't have a disability, Mistrett explained, and that's where Let's Play! helps.

"When babies are small, parents naturally play with or talk to them to communicate and begin the bonding process," she said. "But some children with disabilities may not be responsive. It's difficult for parents to continue if the baby never reacts or frequently cries. We're saying 'keep talking and playing' because even if the baby can't respond much yet, it's critical to his or her development and to the parents' relationship with the baby."

Sometimes parents need help interpreting their child's responses.

One mother of a baby who was blind was very conscientious about talking to the baby, but was disheartened by the fact that whenever she did, the baby would turn her face away from her. She learned from UB staff that the baby was turning her ear toward her mother's voice to listen.

A piece of assistive technology can make a dramatic difference. The mother of one 8-month-old with a severe neurological disability told project staff that the baby cried for hours each day and simply could not be comforted, no matter what was tried. He was in discomfort; the family was at the breaking point.

At Let's Play!, the baby was positioned in a commercially available nip-nap seat that also provides soothing vibrations. Within minutes, the irritable, fretful baby had been calmed sufficiently by the vibrations to take notice of his environment. The mother took home the nip-nap seat and an overhead gym that the staff adapted so that hanging toys were lowered to a level where the baby could reach them. When staff visited the family's home a few weeks later, the mother scarcely could contain her excitement.

"She ran to the door to meet us and said 'Wait 'til you see what he can do!'" recalled Mistrett. "It was like she had just fallen in love with her baby."

Let's Play! provides assistive technologies to babies immediately, without the three-to-six month delay that government programs usually entail to obtain equipment.

"From birth to age 2, children experience the most rapid period of growth of their lives," said Mistrett. "If families have to wait a few months to get a toy, the baby may outgrow it by the time it is received."

Let's Play! has a play center and "lending library" at UB, with more than 650 toys and pieces of equipment selected to fit the needs of children with disabilities.

Families select items during play sessions, which generally take place every four to six weeks in the child's home, ensuring that play occurs in the environment in which the child is most comfortable.

Two staff members attend each home session, exchanging toys and devices that are no longer used for new ones.

Parents also have the option of periodically returning to the center to look for new and more challenging toys as their children reach new milestones.

Initially funded under a $20,000 seed grant from UB and headed by Mistrett and Shelly Lane, formerly UB associate professor of occupational therapy, Let's Play! is supported by a $700,000 grant from the U.S. Department of Education.

UB's Center for Assistive Technology is a multidisciplinary center providing research, development, education and service in assistive technology for people with disabilities.

Additional information on the project and toys for babies and young children with disabilities is available at the Let's Play! Web site at http://cosmos.ot.buffalo.edu/letsplay/

VOLUME 31, NUMBER 15 THURSDAY, December 9, 1999

University at Buffalo Reporter

Top Stories

Let's Play! project offers tips for toy-buying

Infants and toddlers with disabilities need toys that are engaging, fun to use

By ELLEN GOLDBAUM
News Services Editor

E-MAIL ✉ This Article

Is there an infant or toddler with a disability on your holiday gift list?

If so, you might be interested in some advice from Susan Mistrett, director of the Let's Play! project at UB, which uses assistive technologies and interactive strategies to help disabled children to play.

"Like any child, kids with disabilities need toys that are engaging and fun to use, and should be matched to the child's likes and interests," Mistrett says. "At the same time, toys can help move them along to a new developmental stage."

PHOTO: LET'S PLAY

S[illegible] connect with adults and other children.

However, children's disabilities can limit how they play.

"These children need a big bang for their buck," she said. "They need more of a response from their toys, more of a reward as they play with them."

The best toys for children with disabilities have most of the following features:

- Sensory appeal, either through light, sound, touch or vibration

- Enough flexibility that they can be used in several ways

- Very defined textures

- Safety and durability

- The ability for volume or speed or other variables to be adjusted

- Large buttons or switches that make them easy to hold and operate

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"Families with normally developing children see play as what kids do," said Mistrett, "whereas, unfortunately, for children with disabilities, play is often not determined by the child, but tends to be 'put these squares in these holes'" she says. "That's directing, when, in fact, you want to be facilitating, you want to create a play environment for the child in which he or she is successful by making toys easy to reach and work. You need to empower the child."

That means toys should be very colorful, with high contrast. They should invite the child to touch them, either because they are smooth, rough or cuddly, or because they vibrate. Also, they should respond to the child's action, whether it be with sound, light or tactile sensation.

"Plenty of conventional toys available at toy stores can be perfectly appropriate for children with disabilities," she says.

Best bets for infants and toddlers that are available at your local toy store include:

- Skwish Rattle by Papa Gepetto. A colorful rattle that is easy to grasp, shake, bang and "squish." Beads, strings and bells invite exploration.

- Toys made by V-Tech. These toys feature buttons to push and recorded answers in the form of songs, responses or other sounds. These are a good place to start to begin to get the child comfortable with interacting with his or her environment and with cause and effect, says Mistrett.

- Dunk'n Clunk by Sassy. This is a clear bucket that comes with vinyl rings and shapes. The top has slots to push the rings through. Because the bucket is clear, children can see the things they put into it, which motivates them to retrieve them.

- Koosch Balls. These come in a variety of shapes and have a unique feel; they encourage touching, throwing and are interesting to look at, feel and even taste.

- Slinky. With its wonderfully strange elasticity, this classic toy is easy to use and encourages connections between child and parent or between two children because they can tug and pull between them. Now available in fluorescent colors, the Slinky also is visually interesting.

- Drums, bells, maracas, almost any easy-to-use musical instrument. A strap with bells on it, for example, can easily be wrapped around a wrist. The advantage here, Mistrett says, is that when the child moves, she or he is the source of the sound.

- Duplos. The big, chunky ones can be stacked easily and can assist the child in moving to the next stage, using them to build. Some have rattles inside them or faces on them. Also, since the big ones can be connected to the smaller pieces, they provide an easy way for a disabled child to play with an older sibling.

An extensive collection of resources for families of children with disabilities is available on the UB Let's Play! Web site at http://cosmos.ot.buffalo.edu/letsplay/.

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difficult.net

Dr. Scott Sell's bulletin board and on-line chats related to treating and parenting tough adolescents.

Kalman Heller

A place where parents, couples, and healthier professionals can find parenting articles and links to useful web sites.

Gang Identification/Intervention

The Texas Gang Investigators Association was founded in 1991 by a small group of officers charged with the investigation of street gangs and their criminal activities. This site provides information concerning gang related incidents, suspects and investigations.

Home Drug Testing Kits

The web site of the Home Drug Testing Company, which sells drug & diagnostic testing kits for the confidential home testing of illicit drug, tobacco, and alcohol use, HIV, Hepatitis C and female fertility (pregnancy and ovulation).

Let's Play! Project

Play is how kids grow; it's what they do! All children need opportunities to discover and actively explore the world around them. However, for many young children with disabilities, play is often limited. The Let's Play! Project looks to provide families with ways to play through the use of assistive technology.

Step-family Association of America

The Stepfamily Association of America provides information, education, and advocacy for stepfamilies and those who work with them.

Home / Articles / Book Reviews / Movie Reviews / Links / Forum / Mailbox

Big Country Family Therapy Associates
1049 N. 3rd, Suite 505
Abilene, Texas 79601

Phone (915) 672-8883
Fax (915) 675-5833

Children & Youth:

Internet Resources On Toys For Children With Disabilities

By Jane Vincent (jane@wid.org)

"Knowledge arises neither from objects nor the child, but from interactions between the child and those objects." **- Jean Piaget**

Regardless of their circumstances, all disabled children can benefit immediately from toys for their therapeutic, educational, and entertainment values. These toys may be created specifically for the child, adapted from pre-existing toys, borrowed from a toy library, or purchased with accommodations already built in. Toys need not be expensive or extravagant to fulfill their purpose: David Werner, in *Nothing About Us Without Us*, describes a game where a child's goal was to keep a mango leaf balanced on a stick and thereby learn to walk properly in his new braces. On the other side of the spectrum, high-tech toys may prepare a child to learn to take advantage of technological options in her environment.

The following Web pages are broken into three categories: articles about building or adapting toys, information about public or charitable resources, and information about commercial sites. All sites are in English unless otherwise noted. We welcome submission of information about other relevant sites to be included in future articles; please Email the addresses of these sites to jane@wid.org.

Building or Adapting Toys

"Adapted Toy Information", http://www.center4creativeplay.org/adapted.htm
This site contains a variety of tips for adapting or creating toys for children with disabilities, or for making the play environment more accommodating.

"Buying Toys for Children with Disabilities Can Be Challenging,"
http://blueprint.bluecrossmn.com/article/iac/100148085
This page is a reprint of an article from the National Lekotek Center. Although the article is focused on selecting existing toys, the principles it outlines could easily be applied to creating toys.

"Choosing Toys for Special Needs Children", http://www.toytips.com/toytypes/special.htm
Written by an occupational therapist, this article outlines categories of toys that children with disabilities may find most interesting, as well as listing some specific toys.

Exceptional Parent 1999 Toy Issue, http://eparent.com/toys/default.htm
A wealth of information on creating, adapting, and selecting toys, along with references to specific commercially-available toys judged to be particularly appropriate for individuals with various disabilities.

"Halloween Costumes",
http://backandneck.about.com/health/backandneck/library/weekly/aa1016b.htm?once=true&
This is an article full of creative ideas for incorporating wheelchairs, respirators, crutches, or canes into fun costumes for Halloween or other dress-up times.

"How to Select Battery Operated Toys and Switches", http://www.dreamms.org/may96.htm
This article, reprinted from the *NICHCY News Digest*, provides an overview of factors to be considered when switch-operated battery toys are being used to help a child make the transition from play to use of computer and communication technology.

PLAY Pen,
http://www.dftoys.com/1-800-308-2208/playpen.html?Client=1111111111111111111111111111111111111111

Sponsored by Dragonfly, a Canadian commercial vendor of adapted toys, PLAY Pen contains a variety of articles on disability and children, including information on recreational and educational play. Particularly useful are a series of tips that appear on the left side of the page and that change each time the page is reloaded or a new page is brought up within the site.

Special Toys Educational Postal Service, http://www.btinternet.com/~steps.org/
"S.T.E.P.S. is a small UK charity that provides a free service to severely disabled children by providing a battery operated, adapted toy and a specialized switch that enables the child to operate the toys by themselves." The one-page site provides basic information about the organization.

State Library of Queensland (Australia) Resources for the Disabled,
http://www.slq.qld.gov.au/publib/commun/disab.htm
This site mentions toy resources available for use in libraries, as well as contact information for Noah's Ark Resource Centre, which "operates a toy and equipment lending service for children with disabilities and special needs."

Telephone Pioneers of America (T.P.A.), http://www.telephone-pioneers.org/
Among other services, T.P.A. produces and internationally distributes hand-operated tricycles and "beeping" softball equipment.

Toy Adaptation Network, http://www.nraf-rehabnet.org/ and click on link for "Toy Adaptation Network"
"Through a national [United States] toy adaptation network, rehabilitation-related facilities are coming together to help children experience the thrill of play." The site lists the network members and provides an application form for additional facilities to join.

"Toy Library Brings Joy to Disabled Kids", http://www.sg/flavour/061999/bb-community03.html
Short article on an initiative in Singapore to bring adapted toys to disabled children in their classrooms.

"Toy Story", http://ability.ns.ca/v6n1/v6n1p16.html
"Toys are part of everyone's life as a child, but for those with disabilities, there are few choices. The Canadian Rehabilitation Council for the Disabled (CRCD), New Brunswick Branch Inc. has a solution: the Toy Library." This article from Ability Network briefly describes the structure and services of the CRCD Toy Library.

UCP of Greater Suffolk (New York) Toy Lending Library, http://www.ucp-suffolk.org/services/toylending/
"The Children's Center at UCP is pleased to offer adapted toys and switches to the community." The site includes an interesting list of the available toys.

Commercial Sites

Accessible Playground Equipment, http://www.playgrounddirectory.com/accessible.htm
This page from "The World Playground, Parks & Recreation Products and Services Web Directory" site lists a variety of vendors from the United States or Canada that sell accessible playground equipment.

Active Play, Inc., http://www.specialkidstoys.com/
A vendor of accessible toys based in the Philippines.

"Doll with Down Syndrome", http://uni-bremen.de/~downsyn/down23e.html
This is the site of a German vendor of dolls that have the characteristic look of children with Down Syndrome representing several ethnic groups. "The idea behind the creation of this toy is to enable children with Down Syndrome to identify with a doll which reflects their image, thus helping them through play to strengthen and develop their self-esteem."

Family Village Accessible Shopping Mall, http://laran.waisman.wisc.edu/fv/www/at/adaptive%2Dtoys.html
A listing of informational resources and vendors of adapted or adaptable toys, mostly in the United States.

Guide to Toys for Children who are Blind or Visually Impaired,
http://www.toy-tma.com/industry/publications/blindcurrent/contents.htm
This page lists the table of contents for a catalog of toys that are particularly appropriate for children with visual disabilities. Sample listings for each category are posted on the site. The catalog was developed jointly by the American Toy Institute and the American Foundation for the Blind.

KidAbility, http://www.kidability.com/
"Our mission is to provide all children, with priority attention to disabled and special kids, readily accessible and affordable resources and tools to help them attain their maximum level of personal achievement, and to enjoy the highest quality of life experience possible." This site is expected to be fully active by July 1, 2000.

Spielzeugwerkstatt (Toy Workshop), Books 1 and 3 (by Ekkehard Bartsch) Available from Amazon.de, http://www.amazon.de/exec/obidos/Author=Bartsch%2C%20Ekkehard/028-9779188-0581345
This is a German book about making toys for disabled and non-disabled children.

Toy Catalogue Listing for Children with Special Needs, http://www.nas.com/downsyn/toy.html
"To assist with [accommodations] we have compiled a list of toy resources and toy catalogs that either contain adapted toys or toys whose designs transfer easily to the play needs of a child with special needs." The site lists a broad range of vendors accompanied in most cases by comments on the scope of each vendor's products. All listed vendors are United States-based except for one based in Canada.

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[Email Us] [Our Catalog] [How to Order]

Related Links

- The ABC's of Parenting
- Silver Lining Multimedia, Inc.
- The Recovery Zone: A site dedicated to ABA
- John Wobus Autism Resources
- Family Education Network... Look for special needs section.
- National Organizations- Learning Disabilities
- Laureate Computer Software: Software for special needs children
- Learning Disabilities Association
- Autism Society
- Teach Me Language: Detailed information on one of our books
- Let's Play! Project - Program focuses on assistive technology solutions for families with young children with disabilities.
- CyberRodeo: Disability Related Products & Services:
- Labeling_Tutor: The computer program for children with learning disabilities in particular Autism
- WERU- ABA/DTT Prices reduced by 70% bringing affordable software to parents and therapists
- Cambridge Center website, featuring the pre-conference brochure, presenters, and all registration materials.
- The Autism-Zone

The Treehouse

at Emma S. Clark Memorial Library

Parent's Corner

Online Resouces

NEW!
Childbearing Family Alliance in Smithtown has parenting programs like "Totsaver CPR" or "Discipline and Your Young Child."
The Movie Mom will help you choose great movies for your kids. Use Kids-In-Mind to evaluate a film's content before your kids see it.
A great reference for Health topics is at the Center for Disease Control website.
Parent's Place -- expert advice from parenting professionals and other parents! Bulletin boards, articles, Q+A. Largely focused on health.

Family.com -- advice on just about everything; includes reviews of books, movies, toys, videos, etc.

The Family Education Network -- advice, advocacy sources, family learning and more.

Parent Soup -- interact with other parents, or use the Baby Name Finder.

Expect the Best from a Girl. That's What You'll Get. A wonderful site that shows what parents and caregivers can do to encourage girls to succeed.

Center for Successful Fathering
Promotes the benefits of involved dads.

Children's Book Council -- help with selecting the right books for your child.

More Parenting Websites from Suffolkweb.

Library Resources

Our list of local preschools and day care is online. Look for our annual Preschool Fair in January. Meet representatives from local preschools and daycare centers at the library.

The Children's Department now owns a small collection of picture books in braille.

Also take advantage of free children's programs throughout the year.

The bulletin board in the hallway posts information about community events and services.

Looking for the right book for your child? Pick up a booklist of recommended reading for particular age groups and interests.

Looking for something to do with your toddler? Ask a children's librarian for our list of Toddler Programs in the Three Village area. There's a lot going on!

Local Resources

Three Village School District Homepage

The Three Villages
...facts to know

The Mother's Center...in Setauket

Three Village Historical Society

Fun Book 2000 from Newsday

More Online Resources

Special Interests

Let's Play Project -- a resource to parents of children with special needs.

Twins Magazine -- a few articles have been reprinted here.

Babyhood -- Info. and advice for new parents, covering childcare, education, health and safety, literature reviews.

Divorce Support Advice, links, bulletin board, chat, etc.

Go back to the Main Page

This is the children's area of Emma S. Clark Memorial Library, Setauket, NY, U.S.A.
Parents page last updated 6/00.

Special Education

This one is for kids to look at:

This is the place for everything you need to know about autism.

: New in November

: Here is a great project.

Very interesting with lots of links for many different issues.

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New Search

DOOR Online

| New Search | DOOR Homepage |

Links To Other Disability Related Sites

The agencies contributing resource information to **DOOR Online** are provided with a link to their own web site if available. In addition to these agency links, we have compiled and are continuing to compile a list of disability-related links.

The links assembled here **are not endorsed by DOOR Online: Disabilities, Opportunities and Other Resources**. This page is intended to open the door to a variety of Internet resources containing disability information.

As new resources are being added to the Internet daily, this list is by no means complete. If you would like your related page's link listed here, please e-mail the information to the DOOR Online Webmaster.

Colorado Resource Information:

- Larimer ServiceNet
- Boulder County LINC
- Mesa County InfoLine
- Info Arapahoe Community Guide
- Adams County, Colorado
- Denver Options
- Colorado Mental Health Services
- United Cerebral Palsy of Colorado
- Mile High United Way HELP LINE
- Arapahoe County Colorado
- Littleton Community Network
- Boulder County United Way

General Disability Links:

- The Arc of the United States
- The Center for Disability Information & Referral (CeDIR)
- disABILITY Information and Resources
- Disability Links
- The Disability Resource
- The Disability Resources Monthly (DRM) Guide to Disability Resources on the Internet
- The DRM WebWatcher: Camps & Camping
- The DRM WebWatcher: Conference Calendars

- Easter Seals
- The Family Village
- National Organization on Disability (NOD)
- National Organization for Rare Disorders, Inc. (NORD)
- The National Rehabilitation Information Center (NARIC)

Links to Children's Disability-Related Sites:

- The Best Toys for Special-Needs Kids
- Federation for Children with Special Needs
- Dr. Froggie's Favorite Links
- Guide to Toys for Children Who are Blind or Visually Impaired
- The Internet Resources for Special Children (IRSC)
- Let's Play Project
- The National Information Center for Children and Youth with Disabilities (NICHY)
- Top 10 Things to Consider When Buying Toys for Children With Disabilities
- Toys "R" Us - Differently Abled

Disability-Specific Links:

- The ALS Association
- Welcome the Alzheimer's Association
- National Aphasia Association
- Arthritis Foundation
- Online Asperger Syndrome Information and Support
- National Ataxia Foundation
- National Attention Deficit Disorder Association (ADDA)
- The Autism Society of America
- Association of Birth Defect Children, Inc. (ABDC)
- American Foundation for the Blind
- American Burn Association
- American Cancer Society
- United Cerebral Palsy
- The Charcot-Marie-Tooth Association
- CHARGE Syndrome Foundation Official Homepage
- The Chronic Fatigue & Immune Dysfunction Syndrome (CFIDS) Association of America
- American Chronic Pain Association
- American Cleft Palate-Craniofacial Association (ACPA) and Cleft Palate Foundation (CPF)
- The Cooley's Anemia Foundation (CAF)
- The Cri-Du-Chat Syndrome Support Group
- CCFA - Crohn's & Colitis Foundation of America, Inc.
- Cystic Fibrosis Foundation
- National Association of the Deaf
- DB-LINK - The National Information Clearinghouse on Children Who Are Deaf-Blind
- National Information Center on Deafness
- NIDCD - National Institute on Deafness and Other Communication Disorders
- Administration on Developmental Disabilities
- American Diabetes Association